

**THE EXPERIENCES OF FOUR EUROPEAN MUSIC THERAPISTS WITH  
LOCAL DISADVANTAGED CHILDREN IN GULU'S SOCIO-CULTURAL  
POST-WAR CONTEXT:**

**A COMMUNITY MUSIC THERAPY POINT OF VIEW**

Student: ANA NAVARRO WAGNER

Supervisor: Neysa Navarro Fernández

**Master Thesis at the Master Programme in Music Therapy  
Department of Communication and Psychology  
Aalborg University**

**June 2013**



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**This paper contains 155.831 characters (with spaces), 72 standard pages  
(one normal page is equivalent to 2.400 characters)**

## ACKNOWLEDGMENTS

*“The situation described here probably makes Africa one of the most important and interesting continents for contemporary music therapy. It highlights that to sensitize music therapists to the fact that their practices are situated involves something more and different than learning local songs and traditions of music-making. It involves deep engagement with and critical review of notions that we take for granted in our everyday lives: what music is, what health is, what therapy is, what it means to be a human being, etc.”*

### *Culture-centered music therapy, Brynjulf Stige*

This master's thesis is the fruit of my Ugandan eyes looked at through a (Western) researcher's lens. For the moment being, I dare not look back to the researcher's lens through my Ugandan eyes.

Being able to look at things through different eyes can only be possible when living experiences and reflecting upon them. Without reflection it's hardly possible to experience through other eyes. Without experience it's not easy to reflect about different viewpoints. Finally, I strongly believe that being able to look with different lenses, through different peepholes, is one of the greatest gifts human beings can achieve.

Thank you, Neysa, for opening the door of Uganda for me and helping me with my researcher's lenses.

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Thank you, Stige, and all who have participated in the creation of the CoMT lens...thank you for inspiring my eyes, for organizing my thoughts, for filling my experience with meaning.

*“The kinds of scientific explanations that can be offered by modern Western disciplines are located within a particular world-view, but one which is by no means shared throughout the world”*

*Musical Healing in Cultural Contexts*, **Penelope Gouk**

## ***ABSTRACT***

This study re-frames the experiences of four European music therapists that have volunteered in a music therapy program with local disadvantaged children in Gulu (Northern Uganda, Africa) from a Community Music Therapy (CoMT) point of view. CoMT is a relatively new field in contemporary music therapy that focuses on socio-cultural sensitivity and reflects on the role of culture and context in establishing situated practices. The qualities of CoMT offer a new framework for a situated practice in an unconventional setting like Gulu's socio-cultural post-war context. Through a phenomenological analysis of the researcher's field notes and of the interviews to three music therapists, a series of qualities of CoMT will be used to re-frame common patterns of their experiences. This study - therefore- explores the possibilities that a new framework can offer to develop a situated music therapy practice. Finally, the study suggests an Action Research process as an optimal future path for Gulu's context.

**Keywords:** Community Music Therapy, situated practice, sociocultural approach, Northern Uganda, culture, context.

## ***RESUMEN***

Este estudio re-enmarca las experiencias de cuatro musicoterapeutas europeas que han participado en un programa de musicoterapia con niños desfavorecidos en Gulu (norte de Uganda, África) desde un punto de vista de la Musicoterapia Comunitaria (CoMT). CoMT es un campo relativamente nuevo en la musicoterapia contemporánea que tiene como objetivo centrarse en la sensibilidad socio-cultural y reflexiona sobre el papel de la cultura y el contexto en el establecimiento de prácticas situadas. Las cualidades de la CoMT ofrecen un nuevo marco para una práctica situada en un entorno poco convencional como el contexto socio-cultural y post-bélico de Gulu. A través de un análisis fenomenológico de las notas de campo de la investigadora y de las entrevistas a tres musicoterapeutas, una serie de cualidades de la CoMT se utilizarán para re-enmarcar los patrones comunes de sus experiencias. Este estudio, por tanto, explora las posibilidades que un nuevo marco puede ofrecer para desarrollar una práctica musicoterapéutica situada. Finalmente, el estudio aconseja un proceso de Investigación Participativa como futuro camino óptimo para el contexto de Gulu.

**Palabras clave:** Musicoterapia Comunitaria, práctica situada, aproximación sociocultural, Norte de Uganda, cultura, contexto.

## ***PROLOGUE***

This master's thesis is the result of an intense experience in Uganda (Africa) mixed with an eager inquiry feeling and developed through a systematic qualitative methodology. Mixing intense experiences -that have driven me to personal insights- with a research process has not been easy. On the other hand, it is only thanks to that intensity and to my deep belief in music that I have been able to survive this first research process. That is, intense experiences are difficult to analyze with a researcher's eyes, but without intensity the motor for research can burn down.

This master's thesis acknowledges the need of phenomenological and ethnographic research in music therapy in order to create situated frameworks. These situated frameworks are going to have to be created by reflecting about conventional boundaries and stretching them out, so as to frame the context where practices take place. Context and its local knowledge are -therefore- considered important in the creation of a discourse that validates a practice.

This master's thesis achieves a situated framework in Gulu's sociocultural post-war context *from* the experiences of four European music therapists and *through* a Community Music Therapy (CoMT) approach. CoMT has a number of qualities that help to rethink conventional boundaries in their contexts and to widen the cultural sensitivity of the music therapists. Hopefully, this master's thesis contributes on offering an example of how to engage with the development of this cultural sensitivity.

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## CHAPTER 1: INTRODUCTION

### *Personal Motivation*

*“We don't see things as they are, we see them as we are”.*

*Anaïs Nin*

From September to November 2011 I volunteered in the Community Based Organization (CBO) “Music for Peaceful Minds” (MPM), which carries out a music therapy program in Gulu, in the north of Uganda, Africa. During my first year of training in music therapy in Spain, I attended to an APM (Asociación de Profesionales de la Musicoterapia) meeting and learned about MPM's project. I was attracted right away by the thought of going to Africa to volunteer as a music therapist because of many circumstances. One of them was a personal relationship I had with a friend who had lived during his childhood a war period in Angola. He had been able to overcome many of his Post Traumatic Stress (PTS) symptoms by becoming a musician and I grew interested in the use of music to help with PST symptoms. He had also opened me the door of African music and I was thrilled and overwhelmed by it. Another reason was my work as a music teacher in a disadvantaged and ghetto neighborhood in Barcelona with gypsies. I had introduced group music therapy sessions in the school and was amazed by how the children changed their communication attitude and were motivated by playing with sound. Finally, another reason was my multicultural background (my parents are from different cultures), my experience travelling and living abroad and my eagerness of learning about new cultures. So, because of all of this, I had become very interested in the use of music to help deal with PTS symptoms in disadvantaged and war contexts. I had been longing to travel to Africa for some years but the thought of “just” being a tourist had held me back: I somehow wanted to find a way to engage personally with the people there. I thought MPM's program was the perfect opportunity to do what I most believed in: helping children through music and learning through people in Africa. I thought this experience would make me grow as a music therapist and as a human being. I contacted right away with Bethan Lee Shrubsole, the director of the program, but she told me she wouldn't take volunteers who hadn't

finished their training. So two years later, when I finished my training, I contacted her again and we agreed on the volunteer period.

### ***Background of MPM's project***

CBO's are nonprofit and nongovernmental groups that work at a local level to improve life for disadvantaged residents. They are typically staffed by local members, managed by an executive director and helped by volunteers -strongly motivated by altruism- that may assist in transient and short-term programs. MPM's main aim is to reach out to disadvantaged children and to deal with the traumatic issues from the civil war (1986-2006) between the Lord's Resistance Army (LRA) rebel group and Uganda's Government. For the purpose of this study, *disadvantaged children* are those considered to live under different social stressors such as poverty (lack of adequate housing, education and health system) and violence (war violence, domestic conflicts, parental mental health, child abuse). According to anthropologist Finnström (2008), the war in northern Uganda could be defined following Nordstrom's description of “dirty war” (Nordstrom, 1992), where both guerrilla and state forces use terror and the absurd as a mechanism for keeping a socio-political control of the population. This type of war focuses on terrifying civilians using strategic murder, torture, sexual abuse and starvation (Nordstrom, 1992). In this political conflict, children were abducted in order to make them soldiers and sex slaves (Temmerman, 2001), cattle was looted and crops destroyed. Acholiland (Northern Uganda) was, therefore, marginalized in the development program of Uganda. The Acholi (ethnic group from Northern Uganda) were forced massively into internal displacement camps, where disease spread easily and security could not be guaranteed (Rodríguez, 2009). The population depended entirely on Aid Agencies to cover their basic needs (Finnström, 2008). After many years of war, and with many deliberate attacks on civilians (by the rebels *and* the government), what each side was fighting for was no longer clear. Even though there has been “peace” since 2006, northern Uganda is still recovering from this extremely violent and long political conflict.

MPM was set up in 2008 by the English music therapist Bethan Lee Shrubsole along with Jantina Bijpost from the Netherlands. They started working in S.O.S. Children's Village's orphanage and then networked to different mainstream schools. In 2009 they trained a Ugandan teacher, Acen Betty, to continue with the work and presently she is in charge of the music sessions, supervised by Shrubsole.

Different Western volunteer music therapists have participated in this program in order to offer peer supervision.

During my volunteer time, Betty and I attended four primary mainstream schools in Gulu's district and had music sessions with four groups of 4-8 children in each school. I found that all the music happening in the sessions allowed the children to engage in play, communication and expression. This was done through free improvisations with their local instruments, body percussion, vocal sounds and body language; singing and dancing their traditional songs and using semi-structured musical games. During my stay, I also met an amateur music group (Gulu Theatre Artist's) that performed different Acholi songs and dances as well as different songs and dances from other Ugandan ethnic groups. I attended to their rehearsals and performances. This helped me to get in touch with their traditional music and to feel the social role music played.

### *The reason of this study*

In the music sessions with the children, I was surprised of meeting very shy, obedient and emotionally numb children instead of dealing with a more “agitated behavior” profile (as described in DSM IV American Psychiatric Association's diagnostic criteria for Posttraumatic Stress Disorder). I found this behavior very unexpected and I started thinking about the role of **context** and **culture** (school institution, the effect of living in IDP camps, the child's personhood, poverty...) in some of the characteristics I had observed in the children (lack of initiative and creativity, obedience, emotional numbness...). Also, during my stay, I encountered many difficulties that made me experience conflicting elements in the music therapy practice. These difficulties could be resumed in the following concept-driven categories:

- 1-Keeping boundaries of time in the sessions.
- 2-Emphasizing privacy in the therapeutic relationship.
- 3-Maintaining a clean and safe therapeutic space.
- 4-Highlighting authenticity and creativity with the children.

I realized that these issues came from my personal assumptions and music therapy background and

that, in Gulu, they were totally out of context. Because they were out of context, they became meaningless there. So I started reflecting about the role of culture and context in the construction of meanings and about who's interest covered these meanings. All these reflections were written down in the format of fieldnotes in my weblog [www.musicoterapiaenuganda.wordpress.com](http://www.musicoterapiaenuganda.wordpress.com) (English Version available). I also wondered if other volunteers had experienced similar conflicting elements in their music therapy practice in MPM. I thought that if they had faced resembling conflicts, there might be some important reflections to discuss regarding culture and context in the music therapy discipline.

When I finished my volunteer period, I learned about Community Music Therapy (CoMT), a relatively new field that highlights a context-sensitive approach in the music therapy practice and emphasizes re-thinking concepts in context. In the CoMT literature I found a different approach that helped to frame the work of other experiences in unconventional music therapy practices. I felt very identified with some of the conflicting elements that this field reflected upon. I also felt very surprised to realize how other people had found the way of giving sense to such practices through a new framework.

In this study I analyze the qualities of CoMT that can contribute to re-frame the experiences of four European music therapists when engaging with local disadvantaged children in Gulu's sociocultural post-war context. These qualities will offer a new framework that will open possibilities for a situated practice.

## ***PROBLEM FORMULATION***

What qualities of CoMT can contribute to re-frame the experiences of four European music therapists when participating in a music therapy program with local disadvantaged children in Gulu's socio-cultural post-war context?

## ***METHOD***

This study focuses on a **phenomenological view** that attempts to understand the structure of lived experience and that seeks to “*convey deep insight and understanding of the concealed meanings of everyday life experiences*” (Robson, 2011, p.151). The researcher's worldview role is contemplated in

the phenomenon of study and aims to be integrated in the findings. Reflexivity is also considered a relevant concern in this approach. The data will be collected from:

1. Phenomenological description of my experience in Gulu using a “thick description” style (Geertz, 1973), understanding this experience as a “participant/observation” period. This data will be based on my fieldnotes ([www.musicoterapiaenuganda.wordpress.com](http://www.musicoterapiaenuganda.wordpress.com)).
2. Three interviews -through Skype- of the following participants: the English creator and director of MPM, Bethan Lee Shrubsole; the Dutch volunteer Jantina Bijpost; the Scottish volunteer Nicky Haire. The interviews will be designed after a pilot interview with Spanish volunteer Neysa Navarro. Neysa Navarro is the supervisor of this study, a friend of Bethan and has also participated in MPM's program. After the pilot interview, a semi-structured interview guide with open questions will be developed to follow a **qualitative research interview** (Kvale & Brikmann, 2009). The goal is to capture the music therapist's experiences in their practice in Gulu.

3. Broad review of :

- Community Music Therapy literature (written in English).
- Anthropology literature (written in English and in Spanish).
- Critical Psychology and African-Centered Psychology literature (written in English).

Initially, the data seeks to be categorized within four concept-driven codes (keeping time, privacy, clean and safe therapeutic space, authenticity and creativity) that relate to the researcher's experience. But - because of the flexible design (Robson, 2011) -the researcher is aware that other categories might arise during the process. Common patterns, tensions or discrepancies will be searched for in the music therapist's experience regarding these categories.

Using a **grounded theory** (bottom up) method, the final goal is to move gradually from a descriptive level of the experience to a theoretical one. In order to do this, the final categories drawn out of the music therapist's pattern experience will be re-framed using the literature approach (CoMT, Anthropology and Critical Psychology).

The method process will be *spiraling backwards* (Kvale & Brinkmann, 2009), where the researcher will learn and gain understanding of the themes throughout the investigation, bring forth and accept unexpected aspects and, possibly, return to earlier stages or reanalyze from new perspectives.

## ***METHODOLOGY***

This study will use the qualitative methodology and a flexible design. According to Colin Robson (2011), the design of an investigation aims turning research questions into projects within a methodology framework. **Flexible designs**, he argues, deal with a qualitative paradigm and tend to evolve during data collection, that is, the overall design is usually planned but changes can be done during the analysis phase. Flexible designs often use qualitative data and the influence of the researcher is assumed as part of the research itself. Qualitative researchers usually aim on describing people's constructions of processes and phenomena, so the result is always context-bound (Robson, 2011).

**Phenomenological descriptions** involve a systematic analysis of experience and subjectivity. It has its roots in the philosophic work of Edmund Husserl (1859-1938) and aims on discovering the essence of experience. In the field of psychology, phenomenology focuses on how people interpret and construct their experience in the world. According to music therapist Carolyn Kenny (2006), hermeneutics -the science of interpretation- and heuristic inquiry approaches are used in phenomenological descriptions. She states that “*its unique aspects have to do with a belief that self-experience is the most important guideline in the pursuit of knowledge*” (Kenny, 2006, p.96).

**Thick description** is an ethnographic writing style where description and interpretation are integrated through emphasizing the context. Anthropologist Clifford Geertz (1973) popularized this term in order to bring out the importance of context when describing a detailed phenomenon so as to capture the possible meaning. He states that “*culture (...) is a context, something within which they (social events, behaviors, institutions, or processes) can be intelligibly -that is, thickly- described*” (Geertz, 1973, p.14). According to music therapist and social psychologist Stige & Aar (2012), it is not enough to just describe events in an ethnography, “*you need to thicken the description by putting it in relation to other observations and the knowledge you are able to gain about the persons, activities, cultural norms, and*



*social structures involved*” (Stige & Aar, 2012, p.245). Ethnographic approaches focus on observing, describing and interpreting socio-cultural aspects of an individual or a group. It has its root in Anthropology, a social science that aims to investigate and analyze “*common, general, mainstream, and even taken-for-granted stuff of everyday life in a particular context*” (Finnström, 2008, p.10). They typically involve **participant observation** (through participating and observing the setting) and **interviews** as methods of data collection. They usually focus on *meaning* as a sociocultural construction that is situational and related to a context. According to Finnström (2008), anthropologists participate in the daily lives of their informants only to, then, step back and reflect upon the learned experience so as to, again, step forward and participate. He likes to follow Swedish anthropologist Kaj Arhem's (1994) description of data collection as “participant reflection” instead of “participant observation”. He also defends the use of the word “meaningful” to indicate that a “*phenomenon is situational*” (Finnström, 2008, p.7), that is, that the boundaries through which people experience the world are situated in a specific moment and context. According to music therapist Brynjulf Stige (2002): “*When we approach an individual we approach the issue of meaning, and when we approach the issue of meaning we approach the social and the cultural, including narratives and aesthetic dimensions*” (Stige, 2002, p.50).

**Reflexivity** is the ability and the process of thinking of oneself in relation to the others. A reflexive methodology considers issues such as the subject-position of the researcher, if the researcher belongs or not to the context studied, the rhetoric aspects of the research process, critical and interpretative awareness, and the relationship between the studied phenomenon and the knower (Stige, 2002). According to psychologist Nhlanhla Mkhize (in Duncan, 2004) “*Reflexivity will enhance the ability of psychologists and other social scientists to understand and interpret others' lives meaningfully*” (in Duncan, 2004, p.5-18). Music therapist Even Ruud (1998) states that reflexivity is a scientific attitude that can make explicit the relationship between our values and the way we perceive the world.

## ***PREUNDERSTANDINGS: extracts from field notes***

*([www.musictherapyinuganda.wordpress.com](http://www.musictherapyinuganda.wordpress.com))*

*Kasesse, December 2011*

*These days in Kasesse, sharing our experiences in the Gulu project with Bethan (Does what we do help at all? How far can we really reach considering all the cultural barriers? Can we call it music therapy?) and in general in Uganda (What will happen when I go back to Spain? How, what and how have I changed? From where am I going to digest all this?), I begin to notice how, barely two weeks after leaving Gulu, I start building my discourse, I start molding the accumulation of experiences, I start giving shape to all that content from a distance. And I realize that the way I create that discourse influences the experience itself! How I formalize, how I TELL what I've lived, makes the sediments of the experience settle down in one way or another. In short, so much talking about the importance of content and it turns out it's not so easy to separate it from the FORM! They walk close together, one influencing the other, the other marking the steps of the one ... depending on how you tell it, you will remember it ... depending on how you remember it, it will BE. Hence the power of discourse to integrate. But also to **control**.*

*Ana Navarro Wagner. Extract from field notes [www.musictherapyinuganda.wordpress.com](http://www.musictherapyinuganda.wordpress.com)*

This study starts off from a general conclusion of my experience in Gulu: music was an amazing tool for communicating with the children, but “something” didn't work out. This “something” was linked to the different ways of perceiving the world, the relationships, ourselves...of what is meaningful for me, as a white European music therapist that goes to Africa to “help”, and what is meaningful for them, Acholi children that still suffer the consequences of two decades of political conflict. My final premonition was that, yes, Gulu is filled with music everywhere, therefore music “helps” somehow. But, no, music therapy doesn't work there, because “something” related to how we perceive the world is just too different. How could that be? -I asked myself- How could music be everywhere but music therapy not work?

According to psychologist Mark E. Koltko-Rivera (2004):

*“Worldviews are sets of beliefs and assumptions that describe reality. A given worldview encompasses assumptions about heterogeneous variety of topics, including human nature, the meaning and nature of life, and the composition of the universe itself”* (Mark E. Koltko-Rivera, 2004, p.3).

I believe that all difficulties experienced when dealing with a different culture or context include clashing of worldviews - a series of assumptions or preunderstandings that are taken for granted and that are formed within a culture and context. When those assumptions travel to another culture, they are left naked, with no skeleton to sustain them, with no context under which to be framed. I think that those assumptions, then, lose their meaning. In the following section I would like to describe the experiences I came through during my time in Gulu, linking them to my own worldview and music therapy background. I have organized them in four meaningful groups that respond to the four concept-driven categories mentioned in the introduction: keeping boundaries of time in the sessions; emphasizing privacy in the therapeutic relationship; maintaining a clean and safe therapeutic space; highlighting authenticity and creativity with the children.

### ***-Keeping boundaries of time in the sessions-***

*Gulu, September 24, 2011*

*“All sessions in all schools begin with the greeting ritual. First we go to the headmaster's office. If he is busy we sit patiently and wait for him to finish, if he isn't busy we also sit and greet for an average of 7 or 8 minutes, asking “how are you” in many different ways, wishing us a good day, holding hands, smiling and letting go many laughs between greeting and greeting. Afterward we sign the guest book, to make sure they remember that we have been there greeting. In the visitor book you have to write down what day it is, who you are, why you're there, sometimes your contact number and your signature. This we must do EVERY DAY we go there (twice per week). Then we go to the classroom to pick the children up. Depending on the school, either we*

*enter the classroom and begin the greeting process, or we stay in a shaded area where most of the staff is and greet each of them. The conversations that we can have then can be quite long, some interesting and some not, but the words are always interspersed with endless glazes at the horizon and smiles that just leave me with a jaw ache. Meanwhile, students may come over to greet us or to give something to the teacher. In all cases they kneel (if they bring a notebook to correct or a glass of water for the teacher) or bow (to greet). By then I usually start to nervously look at my watch and see with horror that three quarters of an hour have passed by and that we haven't gone into session yet. Sometimes we have to wait for the pupils to have their porridge, to wash their hands, to bring us the instruments, or to scratch their nose. I go on looking anxiously at Betty, who is comfortably sitting and enjoying her chat and I wait for her to say the magic words .... "Ahhhh, Ana, I think that now we shall proceed". The goodbye process is more or less the same, so that explains why we can spend a whole morning or an afternoon to do two 45 minute sessions. However, sometimes there are small obstacles we have to overcome to actually carry out the sessions, for example, that the group next door (what door? There aren't any doors here!!) is having an exam and we can't make any noise, or that the teacher who has the pupil's list has just gone to the city for errands, or that the room is a little dirty and must be cleaned ... the solution is always the same one: to sit and wait."*

*Ana Navarro Wagner. Extract from field notes [www.musictherapyinuganda.wordpress.com](http://www.musictherapyinuganda.wordpress.com)*

After some days in Uganda, I realized that the feeling of time was completely different. Everything was slow. People talked slow, walked slow, ate slow. Slow, that is, compared to *my* rhythm, compared to my own sense of time. I assumed time was something fixed, a measure we all accepted as universal. This assumption lost its meaning in Gulu, where showing up at the school at sharp eleven didn't mean that the children were ready for their session. Ryszard Kapuscinski (1923-2007) was a Polish journalist that lived, traveled and wrote about Africa for a period of more than 40 years. Throughout his life in Africa, he perceived and understood the different lenses Africans had to grasp their world, like, for example, their different sense of time:

*"Europeans are convinced that time works independently of man, that its existence is objective, that in some way it is outside of us and that its parameters are measurable and linear.(...) The*

*European feels like its servant , he depends on it.(...) the Africans, they perceive time quite differently. For them, time is a much more loose, open, elastic and subjective category.(...) Time is even something that man can create” (Kapuscinski, 1998, p.23).*

According to my understanding of a music therapy framework, if client and therapist establish a timetable it is supposed to be respected. In Gulu I perceived that if somebody “broke” a therapeutic timetable without a “legalized” warning (letting us know ahead of time so we could plan the sessions), the therapeutic process -to which I was completely devoted- was not being respected. This happened a number of times when I was there: the teachers would send the children back home because they didn't pay school fees or they didn't shave their heads; other pupils had exams and we weren't allowed to make any noise; the space was being used by other people; the members of the group wouldn't show up... I would interpret these events as a lack of respect and as a personal attack to my integral and professional being. Afterwards, though, I understood that this was not the case. They just didn't have *my* way of planning ahead of time. Because time didn't mean the same thing for me as it did for them.

Also, for me, according to “European” timetable and to my own experience, sessions have a beginning and an end. I understand my role as a music therapist functions only between the boundaries of the sessions. The moment I go in the session I am the music therapist, the moment I go out of the session I stop being a music therapist. So I actually perceived all the “greeting time” as a “waste of time”, because I had one purpose in my mind: the session. As Kapuscinski says:

*"It is generally believed that having a goal is a good thing: that the person knows what he wants and pursues it. On the other hand, however, this situation imposes blinders, like the horses, the person only sees goal and no thing else. It happens, however, that what lies beyond, what is beyond the limit imposed in breadth and depth can be much more interesting and important. After all, entering a different world means to penetrate a mystery and that mystery can hide mazes, so many enigmas and mysteries!" (Kapuscinski,1998, p.31).*

## ***-Emphasizing privacy in the therapeutic relationship-***

*Gulu, October, 8, 2011*

*This week, in a session with the 4<sup>th</sup> grade children of the Cubu Primary School, after singing the goodbye song, the children sat down and said they had some questions (Betty is back, so all this I learned through her patient translation). This is one of the groups with more drive and determination, a group whose music is always loud, fast and of short duration, a group where the silences are hard to feel. According to the professors this is one of the most "stubborn" groups. "Good!" I thought, "They have questions! They are alive!".*

*The first question was: "How long will we be in the group?" I thought perhaps we forgot to communicate this information in the first session and that this had been a small fault of ours, in which case the question was putting us in our place, we were being asked for more frame clarity. I found it a very good sign that, finally, a group was demanding us something like "what are we doing here?".*

*The second was: "Will we play more instruments?" (understood as, "are you going to bring more instruments to play with?"). We asked them what those instruments would be and they named a few of the local ones they play. I interpreted that we were being guided to what kind of music they wanted to play. Stop with the "munu" games and let's play some of our music! ". "Well", I thought, "they are telling us what they want to do."*

*The third was: "By attending this group, are we going to get a prize at the end?". We asked them what award they were thinking of and they replied: "pencils, pens, notebooks ... things to help us study" (coincidentally in this session I had brought a shiny new box of crayons that surely had glittered like gold in their eyes).*

*So, of course, with a Munu (white person) that comes to play music with them, the dollar bulbs are lit up and they are seduced by thousands of fantasies that haunt their heads or-maybe- their parent's heads. But the funniest thing of all is the subtlety with which I am usually thrown these bold questions, how they seduce me and dance around the issue until, finally, I end up realizing that the entire conversation -in which I always I get involved at a metaphysical level- was addressed from the start to a very simple objective: money. I have been asked for many things: pay school fees for their children, mobile money, money to fix their hair, buy cigarettes, invite them to my home in Barcelona ... How to explain to these people, eager to find an outlet in their*

*lives, that I have invested my money in my education and getting here, that I'm a volunteer, that I am here to offer my whole self, to offer my work and my person, all I am and everything I believe in, that I have come here to BE and GROW with them, to become a better person. When I say that in January I have to return to Spain because I have to return to work they don't believe me. They don't believe I'm here without earning money. And I don't think they can ever imagine that all I'm receiving from them is much more valuable than all the money in the world because, deep down, that's something only a Munu like me, with a job and family supporting me, can afford. They can not even think of becoming better persons ... they are too busy looking for ways to feed their families and provide a minimum education for their children”.*

*Ana Navarro Wagner. Extraction from field notes [www.musictherapyinuganda.wordpress.com](http://www.musictherapyinuganda.wordpress.com)*

In the consensus music therapy model (Andsell, 2002), the priority of the music therapist is to offer a safe environment in which – using music as the basic tool- the client can be helped throughout the therapeutic relationship. The client and therapist create trust bonds through music and this relationship permits the client reorganize his relating patterns. Children with poor attachment bonds (Bowlby, 1986) need to feel they can trust the adult. Psychoanalyst D.Winnicott stresses the role play and creativity have in the development of the child's emotional health (Winnicott, 1971). He establishes a relationship between the transitional object, play and culture. According to him, the cultural experience begins with a creative living and the child's first expression of this is play. He places the cultural experience in the potential space that exists between the individual and his environment (mother, family, society) and states that play is based on confidence. Any interference experienced as a dangerous interruption of his/her sense of being can damage the infant's capacity to play. According to Stige (2002), the shared phylogeny humans have is that we are all born with an interest and capacity for cultural learning, so I believe that the best way children can relate themselves with this potential cultural learning is through play.

In Gulu, with all these problems to actually carry out the sessions, how could we create those trust bonds? How could I create trust bonds if they saw me like someone who was there to give money? I would get very anxious every time we couldn't carry out a session because I thought we would be letting down children who have already had enough problems trusting adults. I believed that establishing a playful ambient needed of a certain constancy so adequate bonds could be created. This anxiety to create trusting bonds actually focused my attention on the therapeutic relationship (between

therapist and client) as the basic means of recovery. This relationship, I thought, turned out to be quite impossible due to the short volunteer period of time and to the fact of being European. I realized it was, also, a very egocentric approach, focused on *my* expectations and needs.

### ***-Maintaining a clean and safe therapeutic space-***

*Gulu, October 17, 2011*

*“The other day, when Betty was in her village, I went to Laroo Boarding School to have the sessions and, after greeting the music teacher, getting him to clean up the room that had not been cleaned in a week because he had been very busy, asking for the room key and moving all the instruments into the classroom ... I found one of the boys and asked him to go fetch the other members of the group. This is the boarding school where we only had one session due to an infinite loop of various logistical problems. Just when the boy went in search of his companions, it began to rain. Like everything here in Uganda – the way you sweat when it's hot, the number of people who fit in a motor vehicle, the portions of food they serve at the restaurants, the number of hours that a rehearsal can take, the quantity of energy needed by the body to make a movement, the amount of patience that requires a conversation to really get to understand each other -the rain is also, in its intensity, carried to its final extreme exaggeration. Here when it rains, it pours. There is no raincoat or umbrella that can save you from ending completely drenched. There is no way to prevent sudden heart attacks before the lightning and thunder shake the landscape, when the fury of the gods cries out loud its powerful presence. So the boy, soaked, returned alone and with an innocent face, he said:*

*-They Have Refused to come.*

*As it often happens to me when the intensity of events is such that I do not know where to direct the pieces of my person that, torn apart and dissolved by their own weight, start sinking in uncharted territory ... I gave up. This is as far I can go. In my Munu condition, this is as far I can go. In my Ana conditions, this is as far I can go. Trying to continue past is to swim against a current that targets an assured final tendinitis. It's the famous burnout, the finiteness of delivery, the time to make an elegant bow and retire myself. Betty had warned me that:*

*-Ahhh, you know, sometimes things are not always easy in Laroo Boarding. Sometimes we have*



*many challenges.*

*-Yes - I say- ,but even though problems arises, we have to put a frame to our work and make it clear that we need three things for the session to take place: a space (clean and safe for children, please!!),instruments, and children. We can only work FROM these elements. If we don't have these elements, we must work to strengthen them before we even THINK of music therapy. I thought the absence of children was a clear symptom of the need to treat the base of the virus: the framework.”*

*Ana Navarro Wagner. Extract from field notes [www.musictherapyinuganda.wordpress.com](http://www.musictherapyinuganda.wordpress.com)*

Most of the problems I experienced in the music therapy practice in Gulu -I thought- were related to the “surrounding” elements of the therapy framework. During my training, I had learned to take care of these surrounding elements, those I considered would set the bases for the intervention. According to my personal view, I would inform my clients -without using words- that the session was a special moment for them setting up the room according to their needs. If the client found the therapy room nice and attractive, it would be easier for them to engage in the process. In Gulu, however, this was quite impossible. Most of the rooms we used were dirty, with rusty and piled up tables, with dangerous sharp objects, with all kind of living beings (bees, mice, insects...) running around, with open windows and doors. Even though Betty and I, or the children, sometimes cleaned the rooms, we would find them dirty again the next week.

The consensus music therapy model (Andsell, 2002) includes elements of the setting (choosing instruments, using and organizing space, introducing non-musical objects such as toys, colored pencils, story-books...). This assumes the therapist as a “controller” of the environment and the variables of therapeutic situation. The creation and control of a therapeutic space provides the therapist with a safe and clear role to play. When and because the environment is controlled, the therapist can focus on the relationship with the client. When I couldn't control these elements I felt I was being thrown away from my role, which was to create a playing atmosphere with Betty and the clients. I felt I was wasting a lot of energy trying to establish these settings. I felt I was pushing the river instead of flowing with it. Whenever I talked to other Western workers in Gulu, this feeling of trying to push things in order to make them happen turned out to be very much generalized.

## ***-Highlighting authenticity and creativity with the children-***

*Gulu, November 18, 2011*

*"In our "end of work" dinner Betty and I were talking about our experiences in these two months and a half. Our energy during this dinner was witty, cheerful, sincere. Her facial expressions, colorful and full of rhythm. Her melodic phrases sharp and intense. With her already huge belly and consistent pains, she is also happy to finish the term.*

*- Has it been very difficult to work with me? - I ask.*

*-Ah, Ah, - she said ... (that means not at all).*

*- Would you like more volunteers to come and work with you?*

*- Ahhh ... .. the door is Ana open! If you wish you can come!*

*Needless to say, my first thought was "yeah, but you're not answering the question, would **you** like it or not?", which, again, reflects the huge contrast between this woman -who emits vague sentences, and slips through the issues, surrounding them in a tricky way, leaving me with the feeling that I really never know what's going on inside her - and me -who attacks issues in a straight forward way and crushes them until they are Christal clear. And when I say "this woman" and "I" I am not referring to "Betty" and "Ana", but to "this side" and "that side", I'm referring to the contrast that comes into light when two continents, almost two different planets, two ways of living and feeling, two ways of digesting and transforming ... come to work hand in hand. What sense does it make to trying to develop creativity in individuals who do not*

*perceive themselves as individuals but as a community? For them there is no self as we understand it, they don't have the same **I**. They have a long tradition of the **WE**. That's one of the reasons they have so many difficulties in responding to my various questions concerning **your** thoughts, **your** feelings, **your** experiences (...).*

*- I was thinking maybe I could write a guide for other volunteers, like a list of tips. - Betty tells me ... I'm surprised by the initiative ...*

*- I think that's a great idea- I say. What would that list be?*

*- Well, that time here is different, that sometimes it's not easy to do the sessions, that the children sometimes arrive late, that things do not always go as you expect ... so that they have something in the mind when they come.*

*- Yes- I say-, I think it would help a lot.*

*Deep down, however, I think that, even if someone warns you and advises you, until you're here and you LIVE it in your flesh, you'll never get to really understand it. Still living through it, it's hard to understand ... maybe there are things that you just can't understand and that you simply must LIVE.”*

*Ana Navarro Wagner. Extract from field notes [www.musictherapyinuganda.wordpress.com](http://www.musictherapyinuganda.wordpress.com)*

The therapeutic interventions related to conflict zones focus on childhood mental and emotional trauma as the basic consequence of the experience of war (Malchioldi, 2008; Sutton, 2002). According to art therapist Cathy A. Malchiodi (2008)- who has studied the way trauma impacts children for 25 years:-

*“trauma has profound effects on the part of the brain that controls language”, so “expression through music, art, movement and play can be a way to convey these ideas without words and may be the primary form of communication in therapy” (Malchiodi, 2008, p.13).*

She states that creative expressions provide a sense of control over intrusive memories, encourages active participation, reduces emotional numbness, offers a contention to the traumatic material and reduces distressing and hyperarousal behaviors (Malchiodi, 2008). According to English music therapist Mercédès Pavlicevic (in Sutton, 2002), free musical improvisations *“offers the child an opportunity for 'playing' -literally, playing music- by making spontaneous sounds on available instruments or on available sound objects* (Pavlicevic in Sutton, 2002, p.112). She defends a respect of the whole child and refers to the “Music Child” (Nordoff and Robbins, 1977) as the part inside each one of us that is alive, healthy and creative. Focusing on the Music Child, music therapists can avoid a pathological approach to the traumatized child and actually attend to the creative potential that can engage in the healing process (Pavlicevic in Sutton, 2002). During the sessions in Gulu, I would use this approach, I would focus on their music and body language and try to connect with their musical creation. The musical improvisations turned out to be quite fun and a very easy way for me to communicate with them. Because I didn't speak their language, music, sound and body language was the basic means of communication. I enjoyed these playful improvisations with Betty and the children, we would laugh and meet with our “music child”. Many times, though, I would find myself searching for their authentic and creative self. Because I believe that the development of creativity is the tool music therapists have to make clients more flexible and open, I would focus many activities on trying

to develop creativity (searching for different sounds, exploring different ways of playing or producing sounds with the voice, making up songs, finding different ways of expressing with sounds...). But soon I realized that they didn't give such importance to the individual or to creativity. They kind of blended in the group...they didn't search to be different or unique, they actually wanted to be all the same. Creative Music Therapy and Free Improvisation Therapy (Alvin Model) focus on the individual as a potentially creative and authentic person. Music is, therefore, seen as a representation of state of mind, of feelings, and of patterns of relating, assuming the client's problems as intra-psychic ones that manifest through intra and interpersonal difficulties. Sociocultural determinants of selfhood, of how people understand themselves, are not usually dealt with (Andsell, 2002).

When attending to the rehearsals and performances of Gulu Theatre Artists, I felt that their music was an expression of a collective extension and feeling of the being. Nobody was the center of attention, and, even if at some time a boy approached a girl jumping or dancing, or if a girl approached a boy swinging her hips and howling like mad...it actually wasn't "her" or "him" in particular, but a general role of what it meant to be a "him" or a "her" in that dance. In fact, one day I proposed a music activity where one by one they had to go in the middle of the circle to dance and the rest of us had to imitate the one dancing inside the circle. I was amazed of how shy and small they would become when being in the center. The same dancers who moved me with their movements and energy suddenly would become incapable of being looked at.

*Gulu, 1 November, 2011*

*I still marvel at the ease and lightness of their movements, of their delicious quality, as if their bodies were made of rubber, as if here the effect of gravity was different, as if they had no bones or tendons, only muscles so flexibly resistant. The men's energy when they dance is just brutal, it goes from the inside to the outside, releasing and distributing it at a constant beat, as if they had so much of it they could just spread it everywhere with that air of indifference that seems to cover the whole country. The women's energy is, of course, from the outside to the inside. They make it circle around the hips, confusing the spectator and making him dizzy until he falls exhausted under their charms, under their feminine powers. In both cases the body language and the certainty of their beauty gives them a security that, in other areas of their lives, vanishes in a puff. It's amazing how music accompanies them in their way of walking, of sitting, of*

*manipulating objects, on how they chew their maze... they ARE music...their elegance is breathtaking.”*

*Ana Navarro Wagner. Extracts from field notes [www.musictherapyinuganda.wordpress.com](http://www.musictherapyinuganda.wordpress.com)*

When I finished my volunteer period and went back to Spain, I was pretty sure that music therapy -as I understood it- was not possible in Gulu. I felt grateful for the experience and felt that I had learned a lot about frustration, accepting and adapting. Also, I felt lucky about where I had been born and the family I had. But, still, I thought that music therapy in Gulu was not possible.

Then I started reading about CoMT and other experiences similar to mine. I was amazed to see how other people had reflected upon many of the same issues I had experienced and how they had found a way of framing those issues in a form that made sense to them. That is, I understood the importance of the framework in order to approach a situated music therapy practice. I also realized how important theory was in the construction of a discourse in order to create the framework, that is, in order to give meaning to an experience.

In the following section I will expose literature findings that deal with the reflections mentioned in the introduction of this study from different perspectives: CoMT, Anthropology, Critical and African-centered Psychology, Music Therapy with Children in Zones of Political Conflict, Music in Northern Uganda. The theory will later be used to re-frame the experiences of the four European music therapists that have participated in MPM's program.

## **CHAPTER 2: THEORY**

### ***Introduction***

Richard Dowden (2010) is a British journalist specialized in covering African events. He first went to Africa as a volunteer teacher in 1971 and lived in a rural part of Uganda until -in 1972- he had to leave the country because of Idi Amin's dictatorship. He writes about Africa from an autobiographical point of view, basing his theories on his personal experiences. He describes the relationship between African rulers and their former colonial power as paternal and as one of the most poisonous legacies of colonialism (Dowden, 2010). He talks about the lack of confidence and ambition in African people and about their strong capacity to accept and adapt, which is opposed to the qualities needed to develop according to Western thought. He insists that outsiders cannot solve African problems:

*“When the 'right answers' are found by the Africans themselves moderate amounts of external funding can help speed up the process of development. But when outsiders decree the solution and pour in money, most aid is wasted. In some places it has destroyed local initiative and held Africa back. (...) Real change must come from within.”* (Dowden, 2010, p.528).

Along with Kapuscinsky, both journalists express how their African experience has helped them to learn to be patient, to not look for straight-forward answers for everything, to understand other ways of looking at things and enjoying music within the community. Dowden (2010) concludes:

*“What has Africa to offer the rest of the world? Patience, hope, civility -and music. If you judged the peoples of the world by their music, Africans would rank the most hopeful and contented. If music were wealth, Africa would be rich. (...) African music catches a spirit, a profound talent for living, enjoying life when it is good and surviving the bad times. The paradox is perfectly balanced: terrible times produce huge strength.”* (Dowden, 2010, p.286)

## *Perspectives from Community Music Therapy*

Norwegian music therapist Even Ruud (1998), who started advocating for a sociocultural turn in theoretical music therapy perspectives, points out:

*“The importance of context and all kinds of extramusical discourses when meaning is established in music. Anthropology also teaches us an important lesson about how 'local' truths are more important than any claims of universality -how the way we tell the story about our reactions to music is a kind of 'discourse', or a way of telling that gives local meaning to music”* (Ruud, 1998, p.16).

He also reflects on the discourse that music therapists create when “proving the effects of” music therapy, for discourse creates the reality we believe in, underlines our values and those we want other people to believe in. He even states that through *“our ways of being in our bodies, we communicate values that are not always in accordance with the life views of our clients”* (Ruud, 1998, p.83).

This sociocultural turn in the music therapy literature has permitted the arousal of a relatively new concept/ practice/sub-discipline/professional specialty: **Community Music Therapy (CoMT)**. According to Norwegian music therapist Brynjulf Stige and social psychologist Edvard Aar (2012), defining Community Music Therapy is not easy because of the different contexts of contemporary practice and because of the pressure that conventional clinical music therapy still exercises over the definition. They state that the definition of practices and disciplines should always be understood in their historical and socio-cultural context. Because these change over time and space, it is very important to assume that re-defining music therapy will be a constant activity in the broad field of Community Music Therapy. According to Stige (2002): *“Cultured-centered perspectives suggest that music therapy be conceived as a situated practice, which again indicates that no final or universal definition of music therapy will do”* (Stige, 2002, p.181). He draws attention to an awareness about music therapy *as culture*, that is, music therapy as a practice and discipline that has its origins in a specific historical moment, in a specific socio-cultural context, with specific constructed meanings. Following this point of view, it is not possible to just “export” a kind of music therapy practice, there is

a need of *creating* it in its socio-cultural context. He also points out that, in order to do this, in order to understand how music “works” in its context, music therapist's need to relate to other disciplines such as anthropology and ethnomusicology (Stige, 2008).

Ruud (1998) claims that the definition of “therapy” is cultural. Stige & Ar (2012) also argue that the word “therapy” can be very controversial depending on the context in which it is used, so they defend a more broad understanding of the concept, such as “care”, “service”, or even a more popular use of the word (like people who label music as “therapeutic” because it helps in their everyday activities). They understand broadly Community Music Therapy as “*health-promoting musicking*” (Stige & Ar, 2012), more focused on promoting health than on curative interventions. This links to the concept of *musicking* developed by musicologist Christopher Small (1998) from New Zealand, who insists that “music” as a “thing” does not exist. According to him, music can only be understood as action and interaction in social/cultural contexts. Therefore, *to music* is a verb, an action, doing music is *musicking*, and this could be any activity surrounding the musical context. He explains that the Western tendency of talking about abstract “things” as if they actually exist (like “music”) is linked to reification and to accepting universal assumptions without attending to the role of culture and context in the construction of meanings. He believes that, according to Western epistemology “*knowledge exists 'out there', independently of who knows it, preexisting any possible knower of it, and continuing after any knower has ceased to exist*” (Small, 1998, p.52). This is why CoMT highlights the importance of exploring concepts in context, the rethinking of music therapy theory and practice. According to English music therapist Mercédès Pavlicevic (2004):

*“We can no longer simply state that music therapy is “such and such” practice, described with the help of “such and such” theories, without addressing a crucial third: context”. (Pavlicevic & Ansdell, 2004, p.20).*

Pavlicevic (2010) also reflects on the meaning and role of music therapy in South Africa, where “*my thoughts and familiar habits no longer fit*” (Pavlicevic in Stige, Pavlicevic, Ansdell, Elefant, 2010, p.93). She emphasizes how an unconventional situation for music therapy shows you how socio-culturally constructed are its conventions. She states that “*In South Africa, (perhaps more than in “The North”) musicing is a physically active social event, and is overtly conveyed through the body*”



(Pavlicevic in Stige, Pavlicevic, Ansdell, Elefant, 2010, p.104), so there is a need -in that context- of re-framing traditional Western concepts such as confidentiality, privacy or authenticity (Pavlicevic&Ansdell, 2004).

Stige and Aar define the following qualities of Community Music Therapy (Stige & Ar, 2012) :

**Participatory:** instead of using terms like “client” or “treatment”, community music therapists prefer to talk about “*participants in a collaborative process*” (Stige & Ar, 2012, p. 21). This quality aims on framing the relationship between the “therapist” and the “client” as “*mutual empowerment*” (Stige & Ar, 2012, p. 21).

**Resource-Oriented:** diagnosis and treatment is not as relevant in CoMT as mobilizing different available resources (social, cultural and material), such as music organizations and traditions. The focus, then, is not on the therapeutic relationship, but on making available health-musicking situations.

**Ecological:** this biology term is used metaphorically in CoMT to highlight the reciprocal influence of socio-cultural life between organisms and their environments. It also attempts to differ from the assumptions of the medical model (focused on diagnosis, pathology and treatment) by engaging on processes that are close to the every-day life of the participants. The ecological concept of “affordance” is widely used in CoMT to specify the potential use of music in relation to the specific perceptions of it. That is, specific music in specific circumstances can afford specific extra-musical issues (like emotional expression, sense of belonging, communicative connection, etc.) According to Stige & Aar (2012), “*appraising affordances is about planning; what is possible to do with this community in this context?*” (Stige & Aar, 2012, p.212).

**Performative:** many CoMT practices include activities that are not traditionally labeled as “therapeutic” -such as performing- but that might be important or meaningful for the musical identity of the participants. This quality acknowledges that in many non-Western cultures, performance is not a separated concept of the musicking, but a part of it.

**Activist:** Community Music Therapists understand that people's problems are related to social/cultural

and political stressors or limitations (such as poverty or violence) and to the material/economic structure of society.

**Reflective:** refers to the importance of local knowledge and to the openness of the music therapists for integrating theory, action and research. CoMT requires a high level of self-critical awareness in relation to forms of knowledge.

**Ethics-driven:** human rights values (such as respect, equality, solidarity) guide the CoMT practice, rather than specific ingredients of treatment. These values involve different meanings depending on the context.

A common critique from CoMT towards the medical model that has been named as the “psy-complex” is “*the tendency to begin with the individual, the intrapsychic and to work outward to society and culture*” (Pavlicevic & Andsell in Trevarthen & Malloch, 2009, p. 372). In CoMT -following the earlier Russian tradition of Bakhtin, Volosinov and Vygotsky- the assumption is that the sociocultural comes first in the development and praxis of communication. Music, then, is understood as a milieu, rather than a means or a medium. Musicking “works” in a socio-cultural way. This means that musicking *affords* (allows a concrete development of relationships between person, music and environment by means of an appropriation of the situation) paramusical elements (non-musical or extra-musical) that are, again, incorporated into the musicking (Stige & Ar, 2012; Stige, Pavlicevic, Ansdell, Elefant, 2010; Pavlicevic & Andsell in Trevarthen & Malloch, 2009 ). This view defends that there is a mutuality and a circle relationship between the musical and the paramusical.

### ***Perspectives from Anthropology***

Ugandan linguist Shirley Cathy Byakutaaga (2006) -who has conducted cross-cultural orientation sessions in Uganda for development workers from Europe and the U.S.A. since 1987- has written a Ugandan culture guide for outsiders in order to explain common cultural shock reactions. She says that “*in order to understand people's behavior, you have to understand the value system behind the behavior*” and the “*historical circumstances that led to that particular value system*” (Byakutaaga, 2006, p.2). She talks about different issues that westerners tend to misinterpret when arriving to

Uganda, like the time concept, relationships and social behaviors, privacy and personal space. In her guide she includes a glossary for “Ugandan English” and for non-verbal communication. She insists that the answer to the question “Is there a Ugandan culture?” is both *yes* and *no*. She explains that Uganda has about 56 ethnic groups and 30 different languages and states that there are “*many similarities in socio cultural practices among Africans in general, and among different Uganda ethnic groups*” (Byakutaaga, 2006, p.3). Cameroon economist Daniel Etounga-Manguelle (in Harrison & Huntington, 2000) also believes that, even though Africa is embedded in a cultural diversity, there is “*a foundation of shared values, attitudes, and institutions that binds together the nations south of the Sahara, and in many respects those to the north as well*” (Etounga-Manguelle in Harrison & Huntington, 2000, p.67).

Anthropologist Sverker Finnström (2008) from Sweden has explored the different ways in which Acholi people in northern Uganda constructed meanings and understood their lives during the war. He understands “culture” as “*a resource and a constraint in human activities*” (Finnström, 2008, p.7), as a situational existential orientation bound to experience the world as meaningful. He states that - as well as when imperialists applied and imposed their assumptions and the colonized experienced a crisis in the control over their everyday life- the Acholi experienced a deep feeling of dis-empowerment because of the conditions that structured their life during the war (Finnström, 2008). He explains that life in the Internal Displacement Camps (IDP) -to which most of the people were forced to live in- put them almost entirely in the hands of the Ugandan Government, the army and the international aid agencies. There was very little they could actually do to control over their surroundings because their movements were restricted and survival and food security were controlled by the Ugandan government and outside organizations. He also underlines that most Western workers based their relief distribution knowledge “*on experiences from several different places around the globe*” rather than on “*long-term involvement in a particular area with its particular problems and social or political structures*” (Finnström, 2008, p.149). He states that international relief -held to be neutral and humanitarian *only*- many times took over the functions of the Ugandan government, allied within a wider international context. The lack of knowledge of local beliefs many times created misunderstandings and frictions between the local staff and the relief workers. Many times -he says- aid agencies ignored community conflicts and their ways of resolving them, such as the spirits disturbing and haunting whole clans for generations. He understands that “*Traumatic memories also involve cultural orientations and are part of the structuring*

*of social life, group identity, and collective memory”* (Finnström, 2008, p.160).

Diverse anthropologists have reflected on the globalization of Western cultural assumptions regarding the trauma discourse in humanitarian aid programs (Summerfield, 1999; Breslau, 2004). They all explain the socio-cultural context under which the Western concepts of PTSD was created and insist on the importance of understanding traumatic memory and PTSD as a cultural practice in a particular local setting. Swiss psychologist Thomas Harlacher (2009) -who lived in Gulu from January 2002 to August 2006- used ethnographic methods (key informant interviews and participant observation) in order to study how Acholi communities explain, perceive and cope traditionally with the consequences of traumatic stress. From a Western psychological perspective, he judges the applicability of Western clinical concepts and therapies in the Acholi cultural context. He concentrates on the Post Traumatic Stress Disorder (PTSD) and his analysis exposes some overlaps as well as some differences between Acholi descriptions of the symptoms after a traumatic experience and PTSD. The main overlaps -he states- are regarding to the causes of the symptoms (reexperiencing and hyperarousal). The differences were found in culturally shaped dissociative symptoms (he found many Acholi terms that denoted dissociative immobilization reactions) and the lack of avoidance symptoms that the DSM-IV underlines as necessary in order to diagnose PTSD. Harlacher (2009) also talks about the role of ancestors and spirits in the local understanding of their symptoms as well as in their rituals that heal individuals with the support of the community:

*“In theories of Western psychotherapy, the causes of disorders are mainly seen in hypothesized psychological processes and structures, such as unconscious conflicts, processes of classical and operant conditioning, dysfunctional cognitive schemas and so forth. In Acholi healing, the causes of suffering are mostly located in the spirit world. Accordingly, Acholi healing rituals address the spirit world, while Western psychotherapy applies procedures to tackle the posited psychological causes”* (Harlacher, 2009, p.255).

He states that local beliefs, such as spirit possession, affect the way people perceive, interpret and react to symptoms. He concludes that:

*“adaptations of psychotherapeutic approaches developed in Western clinical psychology can be*

*successfully applied even under the difficult circumstances of developing countries. However, more research is still needed” (Harlacher, 2009, p.280).*

According to Anthropologist John M. Janzen (in Gouk, 2000) from the U.S.A., who has studied issues of health, illness and healing in sub-Saharan Africa since 1964, states that the spirit world is a very important part of the “*metaphorization of the difficult experience*” (Janzen in Gouk, 2000, p.58) in African Ngoma Healing. In this African ritual healing process, music, song-dance and percussive rhythm have an essential role. His chapter is included in a book (“Musical Healing in Cultural Contexts”) that underlines the culturally negotiated quality of a therapeutic-healing framework. The background goal of the book is to answer the question: “*How do people use music to heal themselves or others, and how do such practices change throughout time and space?*” (Gouk, 2000, p.1).

### ***Perspectives from Critical and African-Centered Psychology***

South African psychologist Nhalnhla Mkhize (in Duncan, 2004) states that “*traditional Western approaches to psychology are based on certain presuppositions about the person and the world*” (in Duncan, 2004, p.4-2) and that a critical emancipatory psychology should consider indigenous people's worldviews, philosophies and languages. He stresses the importance of focusing “*on the role of local frameworks in the interpretation of human experience*” (in Duncan, 2004, p.4-6) and on critical awareness of Western assumptions about life. He defines “worldview” as a “*set of basic assumptions that a group of people develop in order to explain reality and their place and purpose in the world*” (Mkhize in Duncan, 2004, p.4-12). A worldview shapes the way people think and behave. He writes about four components of a worldview (Mkhize in Duncan, 2004):

1. **Time orientation** (where one comes from, where one is, where one is going to): Western societies tend to highlight the future and the organization of time in equal segments that correspond to human activities. African traditional communities stress the past (relationship with the ancestors) and the present (relationship with the family and community): the pass of time is not as important as the harmonic relationships.

2. **Orientation to nature** (how people relate to nature): Future-oriented cultures underline a deep

control and mastery over the environment. On the other hand, cultures that articulate more the past feel that external forces are beyond one's control, that there are certain interventions that lay beyond people's conscious understanding.

3. **Human activity** (what the preferred human activity is): traditional Westerner societies value more the *doing* over the *being*. This follows the belief that one's value as a person depends on their personal accomplishments. African cultures emphasize *being* over *doing* and understand personhood as an ongoing and earned process in relation to the participation in the community.

4. **Relational orientation** (how the self defines itself in relation to the other): traditional Western cultures consider an individual *sense of self* (defined in terms of its internal attributes like, for example, thoughts and emotions) in contrast to a more non-western collectivist self (defined by the relationships with others). Africans acknowledge different levels of being (including plants, animals, ancestors and spirits), all of them endowed with a life force, and they understand that there is a constant dynamic interaction between all the cosmic unity.

Mkhize (in Duncan 2004) also mentions the interconnection between metaphysical ontologies (basic assumptions about the world) and psychological topics. He believes that the theories of the person derive directly from these metaphysical ontologies.

African-American professor Colita Nichols Fairfax (2008) defends an **African-centered psychology** - which is built upon African philosophical and ontological concepts- in order to understand community, spirituality, attitude, personhood and self-understanding. According to her, African personhood “*is evidence of the responsibility one has toward the others*” (Fairfax, 2008, p.36). This informs behavior and metaphysical ideas of the self articulated in terms of community and not atomic individuals. For Africans -she states-, a human being has a moral sense and a moral responsibility towards the social organization. She locates the roots of African personhood in African philosophy and explains the role religion or spirituality plays in it. The spirit world in African ontology is very important because they understand it as a unit with the physical, it shapes their meaning systems and strongly influences the politic and economic systems.

*“African ontology is determined through a relationship between the Creator, ancestors, relatives and friends within the community, the incorporeal elements of the physical being, and the nature of those interrelationships” (Fairfax, 2008, p.68).*

She locates 8 elements that comprise a system of African philosophy and culture that is manifested in the behavior of Black people: ontology, community-identity, mutuality, priority of Social and Group Relationships, generosity and benevolence, respect for others, spirituality/morality and metaphysical. She states that African-Centered Psychology understands the African person according to this worldview and, therefore, tries to combat the 'universal' framework of the dominant Western discourse in psychology:

*“The point taken is that Eurocentric theoretical assumptions omitted any ontological underpinnings for specific cultural distinctness transmitted by oral traditions (language, folklore, proverbs), ethos (beliefs, values), rituals, spirituality and peoplehood” (Fairfax, 2008, p.125).*

She underlines the sense of self that is collective or extended, a sense of mutual responsibility towards the community, a sense of one's spiritual connection with the universe. According to her, this worldview is conflicting with the Western sense of individual who is defined by one's capacity to choose and define his/her own experience. Fairfax (2008) states that this idea comes from the existentialism of the nineteenth century: a philosophical movement that understands the individual experience and uniqueness as the starting point of the philosophical thought (Sartre, Descartes, James Mill). *“It appears from these philosophers that perceptions, cognition, psyche are aspects that inform the existence of a person in European thought” (Fairfax, 2008, p.140).* According to her, this established a mind/body dichotomy, 'I think, there for I am' that exists throughout Western psychology. On the other hand, African ontology is defined through a relationship with the Creator, ancestors, relatives and friends within the community. *“In other words, African ontology is determined throughout the incorporeal and tangible relationships, and the nature of those interrelationships” (Fairfax, 2008, p.167).* She believes this strongly influences African self-understanding and insists that it's necessary to include it in a framework in order to make it useful for an African context.

## ***Music Therapy and Children with Traumatic Experiences in Zones of Political Conflict***

According to British music therapist Nigel Osborne (in Trevarthen, C. & Malloch, S, 2009), the use of creative arts to help children deal with experiences of political conflict is not new. He states that in the last two decades of the twentieth century there has been a relatively systematic wave of interventions led by NGO's, governmental agencies and professional associations trying to deal with the characteristics of the modern “dirty wars” (Nordstrom, 1992). The director of the program “Artes y Paz” from Universidad Autònoma de Barcelona, Alba Sanfeliu Bardia, mentions some examples: Sierra Leone's Refugee All Stars (SLRAS), Musers (NGO in charge of the Pavarotti Music Center in Mostar), Musicians For World Harmony (MWH), Music Therapists for Peace (MTP) and others (Sanfeliu, 2008). Some of these programs are based on clinical- therapeutic issues and some are not, but in all of them music is considered a powerful tool to offer bridges in the community and create bonds with the children. Canadian music therapist Guylain Villancourt (2009) points out the amount of literature regarding music therapy and trauma in comparison with the lack of CoMT approaches to social injustice and political conflict areas. She believes this area of practice -which has caught the interest of many music therapists- could be successfully carried out by a CoMT approach (Villancourt, 2009). Osborne (in Trevarthen, C. & Malloch, S, 2009), explaining the Mostar project, insists that the objective of the intervention was not treating the PTSD, but to help the children “*deal with a variety of aspects of personal and social damage and loss, among which symptoms of PTSD played a role for some children*” (in Trevarthen, C. & Malloch, S, 2009, p.333).

English music therapist Julie P. Sutton (2002) mentions the theme of silence as being common to trauma work, and the need of offering a space to hear their voices. She also brings out the importance of offering *embodied* musical experience because of the bodily disconnections many traumatized children feel. She says that music:

*“exists in time, is felt physically and as emotion in the body. As such it can be a powerful resource for finding a form within which to begin to adjust to extreme experiences -where the very existence itself is threatened”* (Sutton, 2002, p.35).



Osborne (in Trevarthen, C. & Malloch, S, 2009) offers a biopsychological view on how music can help children that have experienced conflict zones. From the bodily experience of music (the ear, the heart, respiration, bodily movement and basal metabolism) there is a powerful focus for social cohesion and communication, which helps the children reinforce their social identity and, at the same time, engages in their process of trust. *“As far as I know, only music can bring all these qualities together in this way, simultaneously, in a shared instant”* (in Trevarthen, C. & Malloch, S, 2009, p.351).

### ***Music in Northern Uganda***

*“Music is not set apart in any way from everyday life but is an integral and essential part of it, and plays an important role in all aspects of social interaction and individual self-realization”* (Small, 1987)

According to musicologist Christopher Small (1987), even though the African continent is filled with cultural diversity and complexity, *“there is a unity of attitude, of approach to the making of music, which can be called African”* (Small, 1987, p. 24). The concept and practice of music, he states, isn't separated from dance and performance: it's focused in the social interaction and social purposes and not in the music itself (Small, 1987).

There are different authors that state that currently music in Northern Uganda helps to empower the generation of children grown up in the political conflict (Gray, 2010; Edmonson, 2005). Politician Katelin Gray (2010) from the U.S.A. states that music in Uganda has traditionally been used to teach traditions and stories of common ancestors, as well as to communicate information to those who couldn't read pamphlets or flyers. She also writes about the pride Acholi children feel when they dance their traditional dances and states that *“music is an integral part of the healing process, both for former child soldiers and children who have lost family in LRA raids”* (Gray, 2010, p.82). The assistant professor of theater studies from the U.S.A., Laura Edmonson (2005), mentions how Acholi children *“overcome these various modalities of oppression through expressions of Acholi dance”* (Edmonson, 2005, p 469) and how the children would teach spontaneously each other dance steps and drumming rhythms almost every day at the World Vision Children of War Rehabilitation Center.

The award-winning documentary *War/Dance* follows the life of three young teenagers in an IDP camp in Northern Uganda (Patongo) who base their healing processes in music activities: singing, dancing and playing instruments. “*Before my father died he told me singing was a great talent. When I sing I think of him*”, says Rose (“War/Dance”). “*I want to be a musician because playing the xylophone is a gift from God. Without music, there would be no life*”, says Dominic (“War/Dance”). “*Songs make me forget about what is happening in the camp...all the disease, no food, people dying. Dancing is like closing my eyes and being with friends. It feels like home*”, says Nancy (“War/Dance”). The documentary narrates how a Patongo Primary School participates for the first time in a national music competition in Kampala, Uganda's capital. Most of the schools that compete come from more developed parts of Uganda that stigmatize children from Acholiland because they come from “the war zone”. Finally they win the competition and they are filled with pride. According to English ethnomusicologist Laryssa Whittaker (2010), music (singing, dancing and playing) is linked throughout the film to hope and resilience, and many times it is referred to as “therapeutic” (Whittaker, 2010). Ethnomusicologist Stella Wadiru (in Nannyonga-Tamusuza & Solomon, 2012) from Uganda exposes, using a qualitative research method, how Acholi popular musicians “*have used music to articulate the war situation in northern Uganda to campaign for peace*” (Wadiru in Nannyonga-Tamusuza & Solomon, 2012, p. 185). She argues that, in times of suffering and repression, music is a form of communicating human concerns, and that many popular musicians of northern Uganda have used music to narrate their war situation.

Erin Bernstein (2009), a bachelor art student from the University of Tennessee, acknowledges in her thesis about northern Uganda that “*establishing cultural meanings also means recognizing the power of the arts in healing*” (Bernstein, 2009, p. 50). She analyzes the situation in northern Uganda from a *social suffering* theory point of view -using participant observation and interviews- and mentions the role performance of dance, music and drama has played as hidden activism in the recovery of Acholi culture: “*The Acholi have retaliated, in a sense, by using performance to create solidarity and challenge authority*” (Bernstein, 2009, p.50).

Lindsay McClain (2009), from the U.S.A., is the communications Officer at the Justice and Reconciliation Project (JRP) in Gulu. She has studied the role and impact music and the arts have had on peace-building and social change in Northern Uganda. She evaluates critically different programs in

Northern Uganda based on creative arts and compares their cultural relevance, their community appeal and their sustainability. She states that performance and literary arts are far more *long-standing cultural patterns in northern Uganda* (McClain, 2009, p.2) than the visual arts. This is why she defends the use of music, dance and poetry as a very useful approach to creative conflict resolutions. She believes music and dance is the most used creative expression in “*indigenous initiatives: any creative expression that is locally driven and run and based on art forms associated with long-standing patterns of expression in northern Uganda*” (McClain, 2009, p.6).

### ***Why is the problem formulation interesting in relation to the literature in the field?***

According to Stige & Ar (2012), “*there is a need of research-informed knowledge that can enable music therapists to take an active musical and social role in a community*” (Stige & Ar, 2012, p.165). Even though the use of music as a therapeutic tool has been gaining relevance in a number of intervention programs of international and local NGO's (Bardia, 2008), the CoMT approach is yet quite unknown. Because these music practices are expanding to different sociocultural contexts *and* because most of these practices come from a Western tradition, research concerning cross-cultural reflections, cultural assumptions and worldviews is necessary. This study would like to follow Harlacher's (2009) suggestion that more research is needed in order to adapt psychotherapeutic approaches to non Western contexts so as to add critical awareness of Western assumptions (Mkhize in Duncan, 2004). Assuming that music, dance and drama have an important role in the cultural identity of the Acholi (Gray, 2010; Edmonson, 2005; Bernstein, 2009; Nannyonga-Tamusuza & Solomon, 2012; Finnström, 2009; War/Dance), it is logical to defend that music could be a helpful tool for Acholi children.

This study aims to bring to light the experience of four European music therapist in an unconventional context and to reflect critically about their music practice in Gulu. CoMT acknowledges that music therapy is a discursively produced social construction that responds to its time, place and purpose (Pavlicevic & Andsell in Trevarthen & Malloch, 2009; Ruud, 1998; Stige, 2002).

The idea of digging deeper into the experience in order to re-frame it according to CoMT qualities aims on creating a discourse that includes a socio-cultural awareness of values. Because, as Stige (2002) states:

*“What happens when an experience, a phenomenon, or an object is framed or reframed is that new aspects or values may be discovered. Provided one is open for it, a process of reflection upon and redefinition of one's own values and perspectives may start. In music therapy one could say that psychological processing and aesthetic framing become reciprocal and dependent upon each other” (Stige, 2002, p.60).*

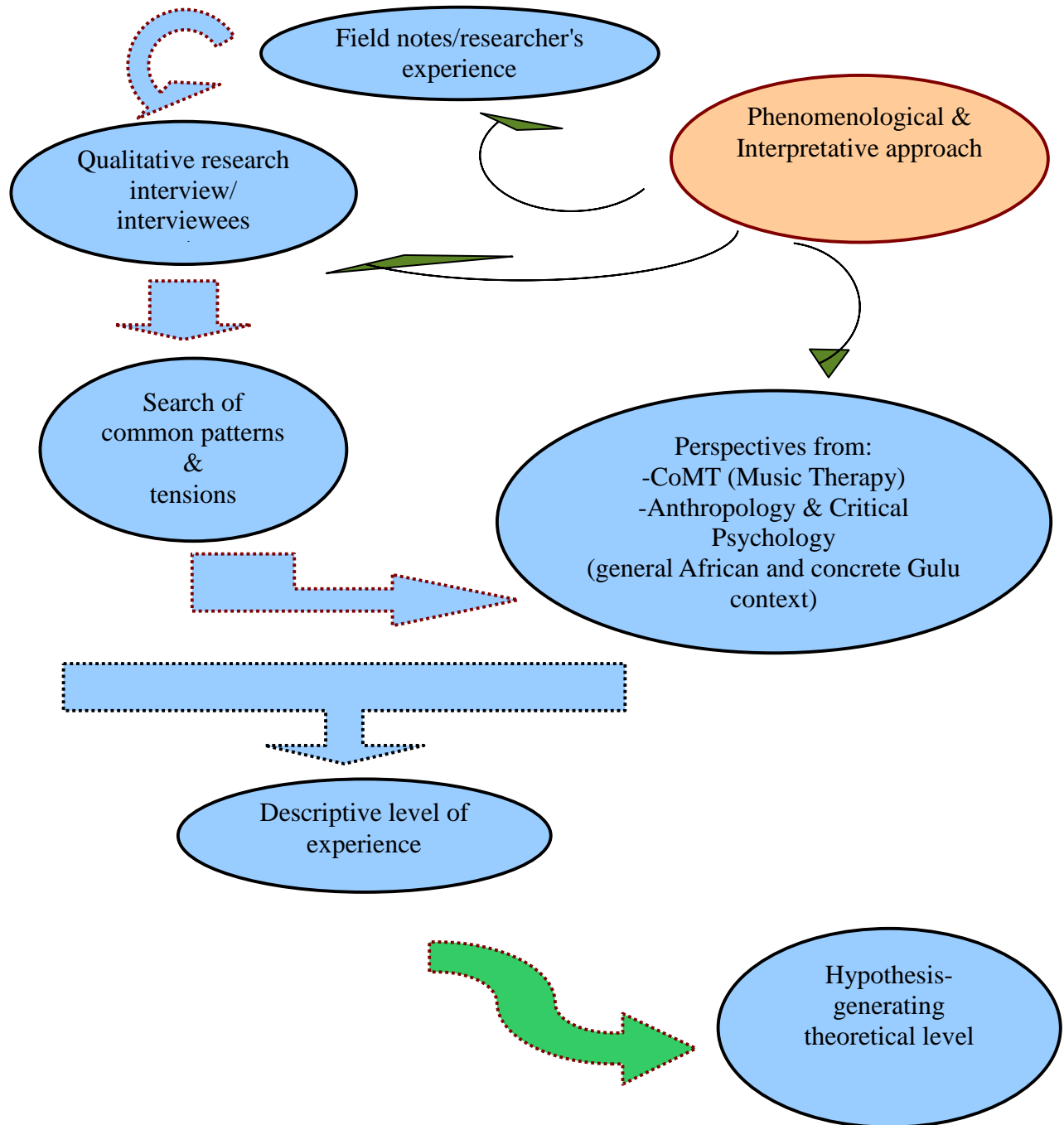
## CHAPTER 3: EMPIRI

### *Introduction*

Following the phenomenological belief that self-experience is the basis of all attempt to create a discourse on knowledge, this chapter aims to understand the experiences of four participants (including the researcher) that have volunteered in MPM's music therapy program in Gulu. These experiences will be analyzed and looked at through a CoMT point of view. The phenomenological and interpretative viewpoint seeks to identify and describe subjective experiences and reflect critically over them. The final goal will be to create a theoretical discourse that emerges from the experience. In order to do this, a grounded theory method approach will be used:

- 1-The field notes of the researcher will be phenomenologically analysed and categorized. The extracted categories will be used to create a semi-structured interview guide.
- 2- The informants experiences will be captured using a qualitative research interview and analyzed under a phenomenological view. This method does not pretend to offer quantifiable meanings of the themes in focus, but to offer a close-up of the thoughts, feelings and experiences lived by the informants during their music therapy practice in MPM.
- 3- Common patterns and tensions in the experiences (field notes + interviews) will be searched for and categorized.
- 4- The final categories will be approached and refreamed from a CoMT perspective. Because CoMT appeals to Anthropological and Critical Psychology points of view, this literature will help with the general African and with the concrete Acholi aspects of the context.

The final goal will be to move from a descriptive level of the phenomenon to a hypothesis-generating theoretical one (See Figure 1.1).



F1.1: *Grounded-theory method approach*

Initially the data seeks to be organized in the four concept-driven codes (time keeping, privacy, clean and safe therapeutic space, authenticity and creativity) that relates to the researcher's experience. But, following the “spiraling backwards” method and the reflexive quality of the study, this

organization pattern will be open to the findings of the interviews.

## ***DATA PRESENTATION***


The data has been collected from:

- 1- The field notes of the researcher.
- 2- Semi-structured interviews carried out through Skype of the three informants: the English creator and director of MPM, Bethan Lee Shrubsole; the Dutch volunteer Jantina Bijpost; the Scottish volunteer Nicky Haire.
- 3- Literature review of CoMT, Critical Psychology and Anthropology.

### ***The field notes of the researcher***

The study starts off from a general suspicion that is constructed from the final conclusion of the researcher's experience: "Music is meaningful for Acholi people, but music therapy doesn't seem to work in Gulu". Because this was the general pattern feeling, the first phase of the analysis was identifying the conflicting elements of the music therapy practice that the researcher had experienced. In order to do this, the researcher read all the field notes, trying to follow a phenomenological and reflective attitude so as to study the phenomenon with as much of a distance as possible.

1-The first categorizing process was identifying the themes of the field notes and organizing the data into meaningful groups. The following categorization -based on the researcher's experience and inspired by the CoMT literature- was established (See Data Table 1.1):

EXPERIENCE 	CATEGORY
The researcher found difficulties keeping a therapeutic timetable. The clients wouldn't show up, or the sessions couldn't be carried out with the agreed timetable. She experienced this as a lack of respect to her professional role.	Keeping boundaries of time in the session
The researcher found difficulties emphasizing a private therapeutic relationship. She wanted to create attachment bonds with the children of the session and felt frustrated with the continuous external interference. Many external children would watch through the window frames and want to join the session. Others wouldn't show up. Others would ask her for money.	Emphasizing privacy in the therapeutic relationship
The researcher thought important to prepare the therapeutic space for the children before the session started. She wanted the children to find a safe and clean space where they could feel free to act and do as they needed. This was difficult because she would find the spaces dirty with dangerous objects or the spaces wouldn't regularly be available.	Maintaining a clean and safe therapeutic space
The researcher wanted to bring out creativity and authenticity from each child. She found difficulties when insisting on the individuals because all the children wanted to play the same way.	Highlighting authenticity and creativity with the clients

Data Table 1.1: *Categories from the researcher's experience*

2- In order to facilitate the analysis, the four concept-driven categories were then coded into shorter segments:

- Keeping boundaries of time in the session: *Time keeping*
- Emphasizing privacy in the therapeutic relationship: *Privacy*
- Maintaining a clean and safe therapeutic space: *Clean and safe therapeutic space*
- Highlighting authenticity and creativity with the clients: *Authenticity and creativity*

### **The interview guideline**

The interview guideline (see appendix) was created after a pilot interview with Neysa Navarro (see appendix), the supervisor of this study and, also, a volunteer of MPM's program (July of 2010) and a friend of Bethan's (creator and director of MPM).



The guideline consisted of:

1-Seven open questions regarding the context and experience of their music therapy practice in MPM in Gulu.

2-One question regarding the conflicting elements experienced by the researcher, categorized in four concept-driven codes (time keeping, privacy, clean and safe therapeutic space, authenticity and creativity).

3-Two final questions based on themes of the CoMT literature: the professionalism of the music therapy practice and the knowledge of the CoMT field.

All three interviews were recorded with the interviewee's consent in audio and then transcribed (see appendix) for analyzing purposes. All interviewees agreed on having their full names appear in this study.

### **ANALYSIS OF THE INTERVIEWS:**

The analysis of the interviews was also done in two phases:

1-First phase: Once in written form, the data was read first without the research question in mind. This was done to capture the informant's meaning and expression with their own words in the broadest context. A chart summarizing and showing the natural “meaning units” (themes) of the informants was done in order to get familiarized with the data (See Data Table 1.2 in appendix).

2- Second phase: The next step was identifying the relevant themes for the purpose of this study and developing a meaning condensation process: the long statements of the informants were reduced into short phrases in order to facilitate comparisons. Here new categories that the researcher had not considered before came out. The following chart- where the researcher's experiences is also included- was created (see Data Table 1.3):

Categories	Bethan Lee Shrubsole	Jantina Bijpost	Nicky Haire	Researcher
<b>Keeping boundaries of time in the sessions</b> ( <i>Time keeping</i> )	It was difficult because many children wouldn't come on their own. She had to find a person that would look for the members of the group when arriving to the session.	It was difficult because they weren't punctual and sometimes children wouldn't show up. It was difficult to begin and end the session together.	She can't recall exact examples but she's sure time was more elastic there.	It was difficult because she thought time was a fixed universal measure. She felt the continuous time-breaking of the therapeutic timetable as a lack of respect of the therapeutic process.
<b>Emphasizing privacy in the therapeutic relationship</b> ( <i>Privacy</i> )	It was difficult because many people would watch and try to get in the therapeutic group. Being an outsider makes it more difficult because everybody is curious about what you are doing.	Feeling safe in a group was difficult because external children would be looking at the activities and that wouldn't let the participants feel free to express themselves without being judged. There was a problem with the translator's role.	It was difficult because the culture there is opposite to privacy. It's not so much a problem but more of a case of needing to adapt to that culture.	It was difficult to create trust bonds in the group because of the time keeping and because of being an outsider.
<b>Maintaining a clean and safe therapeutic space</b> ( <i>Clean and safe therapeutic space</i> )	It was difficult because she always had to send someone to clean (dust, animals, rubbish...). But clean rooms don't seem meaningful to local people.	Even though there was dust, hygiene wasn't considered a difficulty. She connects <i>the safety of the group</i> with privacy and time keeping.	Hygiene wasn't considered a difficulty. It was more difficult to find out what a therapeutic space was, how to find a place to carry out the sessions.	It was impossible to set up the therapeutic spaces for the clients because she didn't control the variables. The rooms were always dirty.
<b>Highlighting authenticity and creativity</b> ( <i>Authenticity and creativity</i> )	Achieving authenticity and creativity depended on the group and the children. It wasn't a culture issue.	It wasn't a difficulty in itself, it was difficult to achieve the structure and process (because of time keeping, privacy and verbal communication) that allows the emerging of authenticity and creativity.	She wasn't there long enough to appreciate this issue.	It was difficult because clients didn't give importance to individual creativity, they wanted to blend in the group and be all the same.

Data Table 1.3: *Categories from the Participant's experience*

Other categories that arouse as meaningful ones in their experiences (see Data Table 1.4):

<b>CATEGORIES</b>	<b>Bethan Lee Shrubsole</b>	<b>Jantina Bijpost</b>	<b>Nicky Haire</b>	<b>Researcher</b>
<b>Language Barrier</b>	To go deep into the children's psyches she needs language. Music is not a universal language in the simplistic way she thought it would be.	She needs language to feel that she can go deeper with the children. Ugandans communicate differently with the children: they don't interact with them.	She doesn't say anything about this category.	She doesn't consider it a relevant issue in the study.
<b>The professionalism of the music therapy practice</b>	She doubted about the effectiveness of MT. Sometimes she thought she was “just” playing music with them. But -because of the outward changes- she feels music has a power, even if she doesn't understand it.	She doubted all the time because it seemed like “just” having fun together.	She didn't doubt.	She doubted because of the difficulties (time keeping, privacy, safe therapeutic space, creativity).

Data Table 1.4: *Other categories from the participant's experience*

Another category the researcher acknowledges as important to consider:

<b>Category</b>	<b>Bethan Lee Shrubsole</b>	<b>Jantina Bijpost</b>	<b>Nicky Haire</b>	<b>Researcher</b>
<b>Knowledge of CoMT</b>	CoMT is less intense, more superficial.	She doesn't know what CoMT is.	She hasn't heard of CoMT.	She didn't know of CoMT when she volunteered.

Data Table 1.5: *Knowledge of CoMT*

## **DESCRIPTION OF THE DATA**

In the description of the data I will use the word “participants” to refer to all four participants of the study, including the researcher, and the word “informants” to refer to the three interviewed informants. In order to make the reading more agile, the informants will be referred to with their first names.

## ***THE PARTICIPANTS***

All four participants are white European, young, middle class females who had recently graduated in music therapy and were in search of new experiences. In Bethan's case, she had previously been in Northern Uganda collaborating with an aid agency and had observed certain attitude changes when playing music with the children. She decided to study music therapy in England with the goal of returning to Northern Uganda after she graduated in order to start some activity related to music therapy and PTSD. The rest of the participants had never been in Africa before and traveling to Uganda was an important part of the experience. Nicky was the only participant that was in Gulu for a period of time under a month. The rest of the participants were in Gulu for a period of time over three months.

## ***THE CATEGORIES*** (See Data Tables 1.3/1.4/1.5)

### ***Keeping boundaries of time in the session***

### ***Emphasizing privacy in the therapeutic relationship***

All participants agree that *time keeping* and *privacy* were difficult issues because of the socio-cultural context. None of the interviewees hesitate on the meaning of these codes nor on the answer of the questions regarding them. There is a clear pattern in the participant's experience that states that these categories -understood in conventional Music Therapy terms- couldn't be carried out efficiently in Gulu. The sense of time and punctuality in Gulu is more elastic and less precise than in European standards. Because of this fact, it was difficult to maintain a regular constancy in the assistance of the clients to the sessions. Highlighting a private relationship with the groups was also difficult to maintain

because of the lack of private (closed) spaces and because external people were curious about what was happening and wanted to participate in the event. According to Tina

*“I was trained very strongly to maintain the safety of the group by having a beginning and an end, and a room that is private, em, you know, structure and these things but ...but, that was just so difficult to keep...”.*

Or, as Bethan states:

*“although there were six children and two therapist in a circle and benches there were also 100 faces peering in from the outside...and 20 extra who actually got in and tried to join the group, and it was a mess at times...”.*

Nicky reflects that

*“you talk about boundaries and respecting this private space and things and, em, then suddenly you're in a country that's completely the opposite maybe and yeah, we had people watching and children trying to get in...there wasn't really anywhere that was closed...”.*

All participants, though, are aware that this is a convention that needs to be reinterpreted. As Tina talks about privacy, she thinks that

*“it's not something that didn't work, but some expectations that need to be adjusted...you just can't maintain the safety all the time...”.*

Or as Nicky says

*“I always felt that was their way, you know, so...It's ore of a case of us having to adapt and find a way of working, you know, that would suite them rather than imposing our reason...”*

### *Maintaining a Clean and Safe therapeutic space*

The code *safe and clean therapeutic space* arise different opinions. All informants agree that spaces in general were not clean but they state that this fact doesn't seem to matter to local people. Bethan explains that:

*“ you had to send somebody off to find a broom because the room is completely covered in dust and the instruments are eaten by aunts or whatever eats instruments...or the man with the key has gone and there's nobody to open the door in the first place and then when you arrive in the room there'll be bits of rubbish, bits of plastic, children chew on plastic bags and suck them and make balloons out of them and things...”.*

This code is interpreted differently by Tina and the theme of “feeling safe in the group” comes out. She refers to safety as a psychological issue, a feeling of being free to do and say what you need without being judged. She states that the “the safety of the group” was a difficult issue because of the previous categories of time keeping and privacy. She renames the code “clean therapeutic space” as “hygiene” and states that she didn't experience this issue as a difficulty.

Nicky observes that, when she was in Gulu helping Bethan to start MPM, the problem was precisely “*finding out what a therapeutic space was*” in that context. Because there were no such spaces determined yet, she couldn't think about a “clean and safe therapeutic space”.

The researcher is the only participant that states that preparing the therapy room was an important issue for her and that controlling the variables of setting the therapy room was difficult to carry out.

The only common pattern regarding this category -therefore- is linking it to the privacy code: all participants agree that privacy is linked to the lack of closed spaces (safe therapeutic space) to carry out the sessions.

### Highlighting Authenticity and Creativity with the children

The *authenticity and creativity* code also arise different opinions in the participants. All informants hesitate on the meaning of the question and an extended definition of the code with concrete examples is asked for:

- “What do you mean? Can you elaborate on that? (...) “if the children had a barrier to show me somebody that they're not ...like that?” -Bethan.

- “of every session, you mean? Authenticity with the children? I mean... 'cause I think that's the main thing that to me is what you can get on this is, it's the feeling of authenticity through music by accepting and meeting their play...” -Tina.

Bethan and Tina both agree that the goal in MT is to achieve authenticity and creativity, but the grade of achievement depended on the group and the children. In some cases it was easy, in others it wasn't. Bethan explicitly believes that it's not a cultural factor, but more a case of the individual or group capability of that moment: “it isn't a Ugandan thing, it just depends on the child”. She explains that when certain children couldn't be creative they normally “fell back on Christian songs” which were like a “safety net” for them. Tina thinks that the feeling of authenticity is the basic goal in music therapy, but this was difficult to achieve in Gulu because of the other categories (time keeping, safety and language barrier). She states that in order to achieve authenticity and creativity first there has to be a structure and a process, which are constructed with time keeping, safety of the group and verbal communication: “there needs to be some kind of build up and structure to be able to be with one group eight times in a row”.

Nicky couldn't respond to this because she considered she wasn't there enough time: “I'm not sure I was there long enough...”.

The common pattern of this category is that all participants agree that authenticity and creativity is a goal to achieve in the music therapy practice. Creativity and authenticity, then, is understood as a basic assumption of their practice. What these codes mean for each participant is not well defined because

the interviews didn't focus on exploring the meanings of this phenomenon. Bethan explains an example of creativity as *"putting new words to a tune that they knew"*. Tina, when talking about creativity and authenticity mentions *"new behaviors and experimenting if that's possible... exploring..."*. Nicky says that *"generally the children were quite shy, but happy to be creative once they realized they weren't going to be told off"*. So the data doesn't offer a clear definition of the categories but can bring out a common pattern of assuming them as an important goal of the music therapy practice.

### *The language barrier*

Initially this category was not contemplated by the researcher, but in Bethan's and Tina's interview the *language barrier* theme arises as a meaningful one in their experience. They both consider that verbal communication is essential in a music therapy process in order for the children to frame and understand why they are there and what's happening in the session. They both believe that language is very important to go beyond the music and go deep into the children's psyches, so they consider the lack of verbal communication a big barrier that doesn't allow the therapeutic process to be achieved in an integral way. Bethan states that:

*"I certainly thought that language wouldn't be a barrier, because music is music, and you don't need language and that's what we're taught, but actually language is hugely important if you're gonna get beyond the music...you can do it with music but there's so much you can't do as well...I found that a huge surprise to me."*

And Tina says:

*"I think you can go a little step further and a little deeper, I can go a little step deeper when I use the language and when I also have conversations...and that was lacking ... the language to go into something that just happened"*

### *The professionalism of the music therapy practice*

Even though it wasn't initially meant to be a category to analyze, when examining the data, the



researcher considered this theme as an important one in the experience of the participants.

Nicky was the only participant that didn't doubt about this category. The rest of the participants doubt if their practice could be labeled as therapeutic because of different issues. A common background pattern of this feeling is the difference between “just” gathering to play music together or using music as a tool to go beyond the music into the children's psyche. The “just playing music together” is experienced as a fun but superficial activity, the “using music as a tool to go beyond the music” is experienced as a deep music therapy practice. Bethan says:

*I was playing music with them and they were playing music with me and somehow for the hour that we were there people tended to play and be creative and...be a bit happier...and I was just thinking, “Oh, first of all, I'm out of my country, I'm all on my own and what am I really doing except singing a few songs with people?”*

And Tina wonders “*when is it music therapy and when is it just making music?*” when talking about her role as a music therapist. The researcher feels that music and dance was a very powerful communication tool, but that music therapy -as she understood it- couldn't work in that context.

All of the participants -except Nicky- express contradictions regarding this category. The underlining pattern of the contradiction is that all participants express how playing music together has a certain power to change outward attitudes in the children and to create communicative bonds with them, but playing music together doesn't seem to be enough in order to succeed with a complete therapeutic approach because of :

- the language barrier (Bethan).
- the safety of the group, which is linked to time keeping, privacy and language barrier (Tina).
- different issues of the framework: time keeping, privacy and therapeutic space (Researcher).

That is, the pattern of this category (not explicitly claimed by Nicky) would be that music works as a communicative bond and provides outward changes but an integral music therapy approach is very difficult to conceive.

## CoMT

The only informant that knew about the *CoMT* approach was Bethan. She states that, because of the language barrier, MPM's music therapy program could be labeled as CoMT, because it was much more about making music than about using music to go into the children's psyche. She considers CoMT to be less intense, more superficial and thinks that *“it's done much more on the surface, it's done much more in the open...but I think it has a lot of the same effects as what might be termed as psychoanalytic or “proper” music therapy”*. After the interview she sent the researcher an email reflecting newer thoughts about CoMT (see appendix) and mentions themes like *“changing the concept of Music Therapy”* or *“let music lead the way without the traditional constraints of clinical music therapy”*.

The CoMT category is not contemplated as meaningful in the experiences of the participants, but the data is considered relevant for the purpose of the study.

## ANALYSIS FROM THE CoMT, CRITICAL PSYCHOLOGY AND ANTHROPOLOGY LITERATURE:

After the interviews, an analysis of the final categories was done from the literature point of view. The goal of this analysis was to offer at least one quality of the CoMT perspective of each category. This general quality then leads to a more concrete African-Acholi viewpoint of the phenomenon. Because the categories represent conflicting elements of the lived experience, this part of the analysis aims to “respond” somehow to these difficulties, hoping to offer a new frame that will re-contextualize the experience.

In order to have a clear view and facilitate connections, a chart that links the categories with the formalized body of constructed knowledge has been done (see Data Table 1.6):

Categories	Qualities of CoMT	Anthropology and Critical Psychology
<b>Keeping boundaries of time in the sessions</b>	<b>Ecological.</b> The conventions of time, space and person (inherited from psychotherapy) should be ready for reflection and rethinking according to the context. The ecological quality suggests that context should define how music therapy happens.	<b>Critical Psychology:</b> Western societies emphasize the future, African traditional communities focus on the past and the present (Mkhize). The mathematical division of time is not as important as relationships. <b>Anthropology:</b> Ugandans have an agricultural orientation of time (Byakutaaga).
<b>Emphasizing privacy in the therapeutic relationship</b>	<b>Ecological. Participatory.</b> The priority of traditional Music Therapy is helping clients throughout the therapeutic relationship. This approach is supported by an individual psychological model. The participatory quality aims on framing the relationship between the “therapist” and the “client” as “ <i>mutual empowerment</i> ”. The ecological quality suggests that other levels of human activity are to be dealt with. Cultural and social determinants of selfhood are worked with.	<b>Critical Psychology:</b> traditional Western culture regards an individual <i>sense of self</i> (defined in terms of its internal attributes) in contrast to a more non-western collectivist self (defined by the relationships with others and cosmic unity)(Mkhize; Fairfax). <b>Anthropology:</b> Ugandans don't have a sense of privacy and personal space (Byakutaaga). Acholi healing rituals address the spirit world. It is through the community and their ancestors that they achieve a harmonic well-being (Harlacher).
<b>Maintaining a (closed) safe therapeutic space</b>	<b>Ecological. Performative.</b> The ecological quality suggests that context should define how music therapy happens. The performative quality involves activities that are not labeled as therapy and that sometimes leave the therapy room and out of the context of a session.	<b>Critical Psychology:</b> African cultures understand personhood as a process in relation to the participation in the community (Mkhize; Fairfax). <b>Anthropology:</b> Music in Northern Uganda is not experienced in closed spaces. Music has a social role (different authors).
<b>Highlighting authenticity and creativity</b>	<b>Resource-Orientated.</b> Music Therapy must work in the ways in which music commonly works in their individual and social life.	Nothing relevant found.
<b>Language Barrier</b>	<b>Resource-Orientated. Ecological.</b> In the CoMT approach “musicking” is the main activity.	<b>Critical Psychology:</b> traditional psychotherapy values verbal expressiveness of the client over other forms of expression.
<b>The professionalism of the music therapy practice</b>	<b>Ecological.</b> The definition of the practice has to be context-bounded. CoMT is a different thing for different people in different places. <b>Reflective:</b> refers to the importance of local knowledge and to the openness of the music therapists for	<b>Anthropology:</b> The Acholi use performance of traditional songs and dances as a hidden form of activism. Children feel healing processes and pride when performing traditional Acholi songs and dances. (Gray, 2010; Edmonson, 2005; Bernstein, 2009;

D ata Table 1.6. *Final Categories and Literature Review*

	integrating theory, action and research.	War/Dance)
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## ***DESCRIPTION OF THE DATA*** (see Data Table 1.6):

### ***Keeping boundaries of time in the sessions***

**CoMT:** The **Ecological quality** of the CoMT approach implicates working with the multi-layered and bidirectional relationships that exist between the individual, the group and the environment. This view defends that conventions of time, space and person have been inherited from the psychotherapy model:

*“Traditionally, the notions of professional ethics and confidentiality are named 'boundaries': the boundaries between inside and outside, between the therapist and client, and between during and after music therapy sessions. In other words, boundaries of persons, space and time”* (Pavlicevic & Andsell, 2004, p.41).

These conventions should be ready for reflection and rethinking according to the context. The ecological quality suggests that *“context needs to define how music therapy happens, and how we think about it. And by context I mean the collective, physical, mental and social reality of all musicking participants”* (Pavlicevic & Andsell, 2004, p.45).

**Critical Psychology:** Western societies are oriented to the future and they tend to organize time in mathematical segments that mark certain activities. African traditional communities focus more on the past (relationships with ancestors) and the present (relationships with the community). The mathematical division of time is not as important as creating and maintaining harmonic relationships (Mkhize in Duncan, 2004). Traditional African societies understand space and time as a single entity and they are not oriented to preparing for the future (Etounga-Manguelle in Harrison & Huntington, 2000)

**Anthropology:** Ugandan's have an agricultural orientation of time. Whereas industrialized cultures understand time in terms of minutes and hours, agricultural cultures understand it in terms of seasons or wide periods of work routines (Byakutaaga, 2006).

### Emphasizing privacy in the therapeutic relationship

**CoMT:** The priority of traditional Music Therapy is helping clients throughout the therapeutic relationship and working “down and within” the individual. This approach is supported by an individual psychological model where the focus is on solving individual problems. The **participatory quality** aims on framing the relationship between the “therapist” and the “client” as “mutual empowerment”. This quality defends that

*“CoMT is not an expert-directed practice” (Stige & Aar, 2012, p.20), so “instead of using terms such as client or patient in therapy or treatment, it is therefore usually more relevant to talk of participants in a collaborative process” (Stige & Aar, 2012, p.21).*

The **ecological quality** suggests that other levels of human activity (such as family, peer group, community, society, environment) are to be dealt with. The CoMT orientation “*is often “outwards and around” (in contrast to conventional music therapy's typical concentration on working “down and within”)*” (Stige, Andsell, Elefant & Pavlicevic, 2010), so cultural and social determinants of selfhood are taken in consideration. This quality assumes the social nature (the process that enables a person to relate to social norms and values) of the individual's sense of self (Stige & Aar, 2012; Stige, Andsell, Elefant & Pavlicevic, 2012; Pavlicevic & Andsell, 2004; Stige, 2002).

**Critical Psychology:** traditional Western cultures regard an individual *sense of self*, which is defined in terms of its internal attributes (such as thoughts and emotions). The non-western collectivist self is defined by the relationships with the others (family, community, social status or position within the group) and with the cosmic unity (Mkhize in Duncan, 2004; Fairfax, 2008). Traditional African ontology determines the self as a compound of relationships between ancestors, the Creator, friends, family and the community (Fairfax, 2008).

**Anthropology:** Ugandans don't have the same sense of privacy and personal space as Westerners. Because it's a communal society, the interdependence between family, community and workplace is more important than the development of the individual (Byakutaaga, 2006). Because Acholi include the spirit world in their conception of the human being, traditional healing rituals address this spirit world.

Many times they consider the ancestors the reason of their sickness. It is through the community and their ancestors that they achieve a harmonic well-being (Harlacher, 2009).

### *Maintaining a (closed) safe therapeutic space*

**CoMT:** The **ecological quality** argues -again- that context should define how music therapy happens (Pavlicevic & Andsell, 2004). The “*consensus model*” includes conventions of closed spaces -inherited from the individual psychological model (Andsell, 2002)- where “*clients are invited to enter the 'therapeutic space' (which is private and confidential) within which the client and therapist enter into a therapeutic relationship*” (Pavlicevic & Andsell, 2004, p.37). This quality suggests to consider how locals use and understand space:

*“To practice as Community Music Therapists, we first need to understand ourselves as part of the mental, social, physical and musical context in which we work; we need to know directly its meanings and values to do with music and life”* (Pavlicevic & Andsell, 2004, p.45).

The **performative quality** involves activities that are not traditionally labeled as therapy and that sometimes leave the therapy room and out of the context of a session (Pavlicevic & Andsell, 2004; Stige & Aar, 2012; Stige, Andsell, Elefant & Pavlicevic, 2010). This quality characterizes the role of music in CoMT as “musicking”: musical action and interaction around a social and cultural situation (Small, 1998). Musicking is perceived as a performance of musical relationships that afford musical and paramusical processes and meanings (Stige, Andsell, Elefant & Pavlicevic, 2012).

**Critical Psychology:** African cultures understand personhood as a process in relation to the participation in the community (Mkhize in Duncan, 2004; Fairfax, 2008).

**Anthropology:** Because of the communal life, in Uganda the use of personal space is different than in Western societies. Children are used to sharing beds and playing spaces (Byakutaaga, 2006). Music in Northern Uganda is not experienced in closed spaces. Music has a very important social role (social and cultural identity, teaching of traditions and stories, communicating information) and it is commonly performed in community events (Gray, 2010; Edmonson, 2005; Bernstein, 2009; War/Dance;

Whittaker, 2010; McClain, 2009).

### *Highlighting authenticity and creativity*

**CoMT:** The **resource-orientated quality** argues that music must work in the ways in which it commonly works in their individual and social life:

*“Rather than focus directly on client's problems. A Community Music Therapist aims to enlist musicking's ability to generate well-being and potential in individuals, relationships, milieus, and communities”* (Andsell, 2002).

**Critical Psychology:** Nothing relevant found for this category.

### *Language Barrier*

**CoMT:** In the CoMT approach “musicking” is the main activity. The **resource-orientated quality** aims on mobilizing available resources (personal, social, cultural, material) instead of focusing on diagnosis and treatment (Pavlicevic & Andsell, 2004; Stige & Aar, 2012; Stige, Andsell, Elefant & Pavlicevic, 2012; Andsell, 2002). These resources can be of different types, like personal strengths (musical talents or interests), sociocultural resources (like musical traditions or organizations) or material resources (acquisition or making of musical instruments or costumes) (Stige & Aar, 2012). The basic role of the music therapist is, then, making these resources more available in order to achieve health-musicking situations (Andsell, 2002).

**Critical Psychology:** traditional psychotherapy values verbal expressiveness of the client over other forms of expression. Other forms of expression should be taken in consideration and shouldn't be underestimated (Duncan, 2004).

### *The professionalism of the music therapy practice*

**CoMT:** According to the **ecological quality**, the definition of the practice has to be context-bounded.



CoMT acknowledges that music therapy can be different thing for different people in different places. Because currently there are so many practices in such different places, this quality recognizes that re-defining and re-framing the practice -according to the context- will be a constant activity in this broad field (Pavlicevic & Andsell, 2004). The **reflective quality** refers to the importance of local knowledge and to the openness of the music therapists for integrating theory, action and research. Capturing and understanding the way musicking is achieved in each context is important for this field (Ruud, 1998; Stige & Aar, 2012; Stige, 2002). The **resource-oriented quality** “*reflects a focus on (collaborative) mobilization of personal strengths and social, cultural and material resources*” (Stige & Aar, 2012).

**Anthropology:** The Acholi have used the performance of traditional songs and dances as a hidden form of activism. Children feel healing processes and pride when performing traditional Acholi songs and dances. (Gray, 2010; Edmonson, 2005; Bernstein, 2009; War/Dance). Also, Acholi musicians use popular music to present the war situation and to claim for peace (Wadiru in Nannyonga-Tamusuza, 2012).

## CHAPTER 4: DISCUSSION

In the following chapter a triangulation process will be developed. Because this study uses more than one perspective, the focus of this section is to link viewpoints and interpret the data. The patterns of the music therapist's experiences will be approached through the qualities of CoMT and the Anthropological /Critical Psychology literature in order to carry out this interpretation of the data. The discussion will focus on answering the problem formulation question.

### INTERPRETATION OF DATA

The interpretation of the data will follow this cycle (Figure 2.1.):

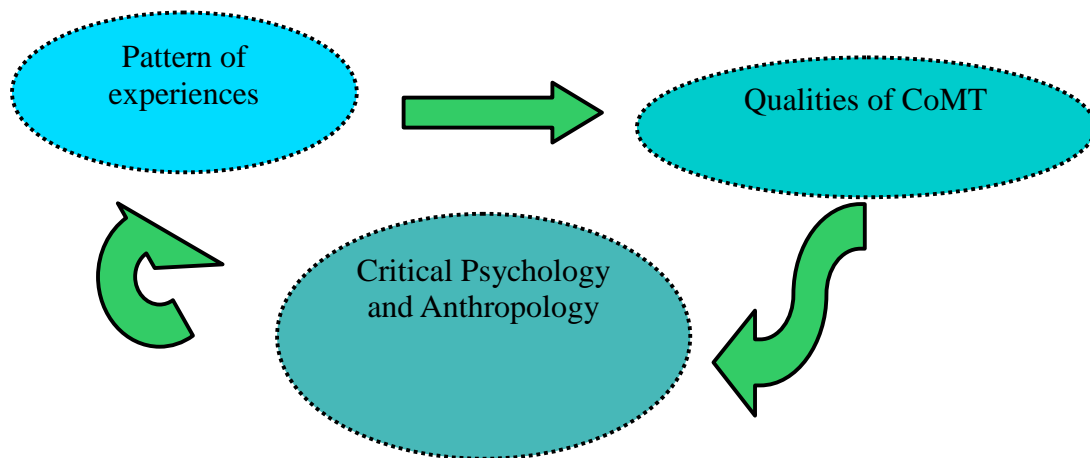


Figure 2.1.: *Interpretation of Data*

Beginning from the common pattern of the participant's experiences (described in chapter 3), a general quality of the CoMT orientation (described in chapter 3) will be used to re-frame the category. This quality will lead to an Anthropological and Critical Psychology approach regarding Gulu's concrete context (described in chapter 3), which will be used to specify the quality in the situated practice. This

final viewpoint will lead to a conclusion that goes back to the experience in order to re-frame it and offer a new insight of it. This triangulation process will be done with each category.

### *Keeping boundaries of time in the sessions*

All participants agree that trying to set up a therapeutic timetable was a problematic issue in Gulu. It could be achieved with extra effort (like finding an external person that would gather the group) but it didn't work out in a “natural” way as timetables work in other European contexts. The CoMT claims that establishing a therapeutic timetable is an inheritance of the psychotherapy model - which had it's function and meaning in the context where it was created- but argues that this convention should be ready for reflection and rethinking according to the context. The **ecological quality** of the CoMT point of view suggests that the different interaction levels of the participants (the mutual relationships between organisms and environments) should be taken in consideration (Stige & Aar, 2012) so that the context helps to define how music therapy could happen (Pavlicevic & Andsell, 2004). In this category, this means acknowledging their orientation to nature and the environment. That is, considering their worldview in relation to their sense of time.

According to a Critical Psychology and Anthropology point of view, Ugandan's have an agricultural time orientation, so their sense of time has more elastic boundaries than Western standards (Byakutaaga, 2006). This perspective acknowledges that, whereas industrialized cultures view time in terms of minutes and hours, agricultural cultures view it in terms of seasons or wide periods of work routine (Byakutaaga, 2006). This agricultural time orientation also corresponds to a traditional African worldview where the past (relationship with ancestors) and the present (relationship with community) is much more important than the future (Mkhize in Duncan, 2004; Kapuscinski, 1998; Dowden, 2010; Etounga-Manguelle in Harrison & Huntington, 2000). According to this worldview, the pass of time and it's mathematical division isn't as significant as the establishment of good relationships. For a situated music therapy practice, the *ecological quality* in Gulu's context would mean taking in consideration the local wide sense of time. That is, not insisting so much on establishing an “industrialized culture” timetable (in terms of hours and minutes) but more an “agricultural culture” one (in terms of wide periods of work routine). This would mean including the greeting time or the “gathering of the group time” (whatever hours or minutes it takes) as an important part of the process

of getting to the music session, instead of viewing it like something that isn't linked to the session. The role of the therapist would then include “sharing the time of the gathering” or “sharing the porridge (their breakfast) time”, where musicking affords to take place but doesn't necessarily have to. Bethan acknowledges this in her interview. She assumes the sense of time is different in Gulu and practices a more elastic approach. She gives an example stating that “*we might arrive there at 9:00, the group starts at 10:30, finishes at 11:30, the next one starts at 13:00, finishes at 14:00...*”, so, “*within an hour of arriving anywhere our group would always be there*”.

### *Emphasizing privacy in the therapeutic relationship*

All participants agree that privacy with the group was a problematic issue in Gulu. Many external people would watch or try to get in the group and this was experienced as a cultural but conflicting element. The CoMT literature points out that the priority of traditional music therapy is helping clients throughout the therapeutic relationship. This approach is supported by an individual psychological model (Andsell, 2002). The **participatory quality** of CoMT aims on framing the relationship between the “therapist” and the “client” as “*mutual empowerment*”. This means that the practice is not focused on the therapeutic relationship but on “*enablement (working with personal and musical qualifications for participation) and empowerment (increased assertiveness and communicativeness in relation to the community)*” (Stige, Pavlichevic, Andsell, Elefant, 2010, p.281). That is, instead of working “down and within” the client (as the conventional psychological model approach suggests), the participatory quality seeks to work “outwards-and-around” (Stige & Aar, 2012). In CoMT, privacy is not considered a relevant issue, but the increasing the opportunities for participation is. The **ecological quality** suggests that other levels of human activity (individual, organizations, community, environment, spiritual) are to be dealt with (Stige & Aar, 2012). In this category, this means acknowledging the social nature of the individual's sense of self (Pavlicevic & Andsell, 2004). Because people perceive themselves in relation to their meaningful relationships, cultural and social determinants of selfhood are to be worked with. If these relationships aren't taken in consideration, their ability to give meaning to their world might be interfered. This quality, then, leads to the relational orientation of a worldview. According to Anthropological views, Ugandan's don't have the same sense of privacy or personal space as Westerners (Byakutaaga, 2006). This is because their worldview is linked to a traditional African relational orientation where personhood is understood as a process in relation to the participation in the

community (Mkhize in Duncan, 2004; Fairfax, 2008; Etounga-Manguelle in Harrison & Huntington, 2000; Kapuscinski, 1998; Dowden, 2010 ). The Critical Psychology literature states that traditional Western cultures regard an individual sense of self, which is defined in terms of its internal attributes and capacities. This individual sense of self implies a contrast to a more non-western collectivist self, which is defined by the reciprocal relationships with the others and the cosmic unity (Mkhize in Duncan, 2004; Fairfax, 2009). Traditionally, Africans believe that everything in the universe is connected, including objects, spirits and beings. Consequently, many times these webs of relationships are the causes of joy and suffering. According to Acholi healing traditions, it is through the community and their ancestors that they achieve a harmonic well-being: *“In Acholi healing, the causes of suffering are mostly located in the spirit world. Accordingly, Acholi healing rituals address the spirit world, while Western psychotherapy applies procedures to tackle the posited psychological causes”* (Harlacher, 2009).

### *Maintaining a (closed) Safe therapeutic space*

Because the only clear pattern regarding this category is the statement that there were no closed therapeutic spaces to carry out the sessions in, and because privacy and space are linked themes in the interviews, it will be considered as a sub-category of privacy. Here the focus isn't on the therapeutic relationship, but on the traditional boundaries of the (closed) therapeutic space, which all participants agree on as a problematic issue. The **performative quality** of CoMT accepts and involves activities that are not labeled as therapy and that sometimes leave the therapy space and out of the context of a session (Pavlicevic & Andsell, 2004; Stige & Aar, 2012; Stige, Andsell, Elefant & Pavlicevic, 2010). There is less focus on “fixing” peoples problems and more on generating “well-being musicking” situations (Pavlicevic & Andsell, 2004; Stige & Aar, 2012; Stige, Andsell, Elefant & Pavlicevic, 2010). Here the CoMT overall orientation of working “outwards-and-around” comes out again. In this category, this means that the focus is not on the space in itself but on the relationships that come into contact with the musicking situation. This quality, then, leads us to understand how musicking happens in Gulu.

The literature states that music in Acholiland has a very important social role in the community (Gray, 2010; Edmonson, 2005; Nannyonga-Tamusuza & Solomon, 2012; Finnström, 2009; McClain, 2009).

This fact could lead to argue that music in Northern Uganda is not designed for privacy because it is not perceived in private contexts. In fact, some ethnomusicologists state that performance is not separated in the traditional African concept of music (Janzen in Gouk, 2000; Small, 1987). That is, musicking includes the idea of performance. According to some authors, performance is an important part of the healing process for Acholi society (Bernstein, 2009; Nannyonga-Tamusuza & Solomon, 2012; War/Dance; McClain, 2009 ) .

Even though all participants recall privacy as a conflicting experience, all of them perceive it as a cultural element. Tina stated “*well that's the culture there, everybody can usually look at activities that are being done anywhere*”, and, “*it's not something that didn't work, but some expectations that need to be adjusted*”. Also Nicky, even though she was in Gulu for a very short period of time, says that “*I always felt that was their way*”.

So, in a situated music therapy practice in Gulu, the *participatory quality* would mean not focusing on the therapeutic relationship as a means of recovery, but as a bridge for musicking participation. The musicking could then take place following an *ecological quality*, that is, taking in consideration their collectivist self and musicking in the open, where other members of the educational community could also participate by just watching or being present. This would finally lead to the *performative quality*, which would include musicking not as a private group activity but an activity that affords other members to join in or that affords being looked at.

### *Highlighting authenticity and creativity*

The authenticity and creativity category is the most complex one because it easily led to different interpretations. The boundaries of the category weren't clear and, therefore, different meanings arose for each participant. The clear pattern that comes out from the data is that creativity is a basic goal to achieve in music therapy. What “creativity” and “authenticity” means for each informant is unknown. The interviews weren't aimed on clarifying this concept and, consequently, they don't succeed in offering concrete knowledge about this issue.

The initial intuition of the study was to link this category with the collective self of the African

worldview. The researcher had experienced a conflicting element when trying to develop creativity and authenticity with the children. She thought this difficulty was because her approach to the children had been done in an individualistic way. Even though the music sessions were in group, she realized the activities aimed to bring out and show/share their authentic self. Her way of understanding creativity and authenticity had crashed with what she thought “being a human being” in Uganda meant. That is, she felt she was trying to bring out individual values (like autonomy, uniqueness, originality) where group values (like blending, dependency, copying) were more significant. She decided to ask about this category to the informants and compare their experiences, but, when examining the data, it turned out that this was impossible to analyze with this method. During the interview, the researcher thought the tools she had for approaching this concept in a clarifying way were not enough. During the analysis process, she understood that the boundaries were not clear enough and, considering the complexity of the concept, another type of approach should have been done in order to develop the initial intuition. This idea will be developed later in the “what could have been done better” section of the discussion.

The assumption that “creativity and authenticity are basic goals to achieve in music therapy” seems to emerge quite strong from the experiences of the participants, the general literature of music therapy (see, for example, Nordoff & Robbins, 1977; Sutton, 2002; Malchiodi, 2008) and the training programs for music therapists (see Wigram, Pedersen & Bonde, 2002). Following the CoMT belief that each context should define how music therapy happens (Pavlicevic & Andsell, 2004) and considering that nothing relevant was found for this category in the Critical Psychology approach, an interesting research field could be opened. This idea will be further developed in Chapter 5.

### *Language barrier*

This category, because it wasn't experienced as conflicting in the researcher's experience, was not initially contemplated in the interview. Because two of the informants refer to this theme as a meaningful one in their experience, it has been included.

The language barrier category, as experienced by both Bethan and Tina, underline a psychotherapy approach, where verbal communication is considered essential to bring to the conscious what happens in the session. Both Tina and Bethan mention the “language barrier” theme as an impediment on going

“deep” into the child's psyche. In the CoMT approach *musicking* is the main activity. The **resource-oriented quality** aims on mobilizing different available resources (social, cultural and material) such as music organizations and traditions. This view defends that if music, dance and drama have and important role in the cultural identity of the Acholi (Gray, 2010; Edmonson, 2005; Bernstein, 2009; Nannyonga-Tamusuza & Solomon, 2012; Finnström, 2009; McClain, 2009), it could be an efficient tool for Acholi children. The CoMT approach states that music therapy should work in the ways in which music commonly works in their individual and social life. According to Bethan, what worked best during her music therapy practice were the dancing and drama related activities because Acholi enjoy movement and drama. She also points out the convenience of Acholi dances for group work because they always dance in a circle, which allows the individuals to connect as a group. Tina thinks that body language, dances and percussion worked very well in Gulu because “*their rhythm is so much in their bodies*”. According to Lindsay McClain (2009), performance arts (music, dance and drama) are the most significant indigenous expressive art patterns in Acholi culture.

The *resource-oriented quality* would mean that providing musicking opportunities is enough. There wouldn't be a need of using verbal language to bring to the conscious the events, unless the participants actually ask for it (in which case the therapist's role would be to find a way of making this available). But the lack of verbal language to understand the children's psyche wouldn't be considered a barrier for the musicking to happen. The CoMT underlining approach of how music “works” is developed in the following category.

### *The professionalism of the music therapy practice*

Even though this category is not initially conceived as such by the researcher, throughout the interviews and the literature review it arose as an important and meaningful theme. The researcher acknowledges that it actually categorizes the birthplace of this study, which is inquiring in a reflexive way why music therapy doesn't seem to work if music is so meaningful in Acholi culture.

“Who are we here and what are we doing?” is -even if not articulated in those exact terms- a pattern which all participants have been through. This actually relates to the underlying theme of “the music therapist's role”. A common pattern-feeling of the participants (not explicitly declared by Nicky) was



that playing music with the children offered many communicative possibilities and outward changes. But another common pattern-feeling was that “just” playing music wasn't enough to consider their practice as a professional one (except Nicky, who explicitly declares she never had this feeling). This embraces a certain contradiction that is extensively dealt with in the CoMT approach. The **reflexive quality** of CoMT involves not just “clinical reflexion” in relation to the music-therapeutic work, but a more broad “reflective practice” in terms of sociocultural context. CoMT requires a high level of self-critical awareness in relation to forms of knowledge and this is essential when traveling to other cultures in order to offer a MT service. The underlining approach of how music “works” in CoMT is a sociocultural one. That is, that *musicking* (perceived, experienced and acted upon) takes place when “para-musical” (extra-musical, like, relaxing, enjoying, communicating, identifying, ect.) are incorporated into the musicking and, consequently, the musical seems to afford the para-musical (Stige, Pavlichevic, Ansdell & Elefant, 2010; Stige & Aar, 2012). This means that in order to find out how music “works” or “helps” we must explore how it is perceived, experienced, acted and reflected upon in its sociocultural context. The **resource-oriented quality** suggests that the important focus is to mobilize available resources (like traditions where music plays an important role) in order to promote *health-musicking* situations. The literature states that Acholi use performance of traditional songs and dances as a hidden form of activism in their war and post-war context. Children feel, pride, a sense of belonging and hope when performing traditional Acholi songs and dances (Gray, 2010; Edmonson, 2005; Bernstein, 2009; War/Dance; Whittaker, 2010). This is because music, dance and drama are long-standing cultural patterns that resonate deeply in the Acholi society (McClain, 2009).

All participants refer to some kind of reflection about what they were trained for and the contradictions that came out when dealing with such a different context. The underlining theme of these thoughts is “The Music Therapist's Role”.

The *reflexive quality* would consider important to understand the way musicking happens in Gulu and what paramusical elements it affords (cultural identity, group connection, pride, hope, joy).

The *resource-oriented quality* would mean that providing musicking participation opportunities (dance, drama, percussion) is the music therapist's role in this context. Health musicking situations in Gulu is achieved through the performance of traditional Acholi music, which is shared with and looked at.

## RESULTS

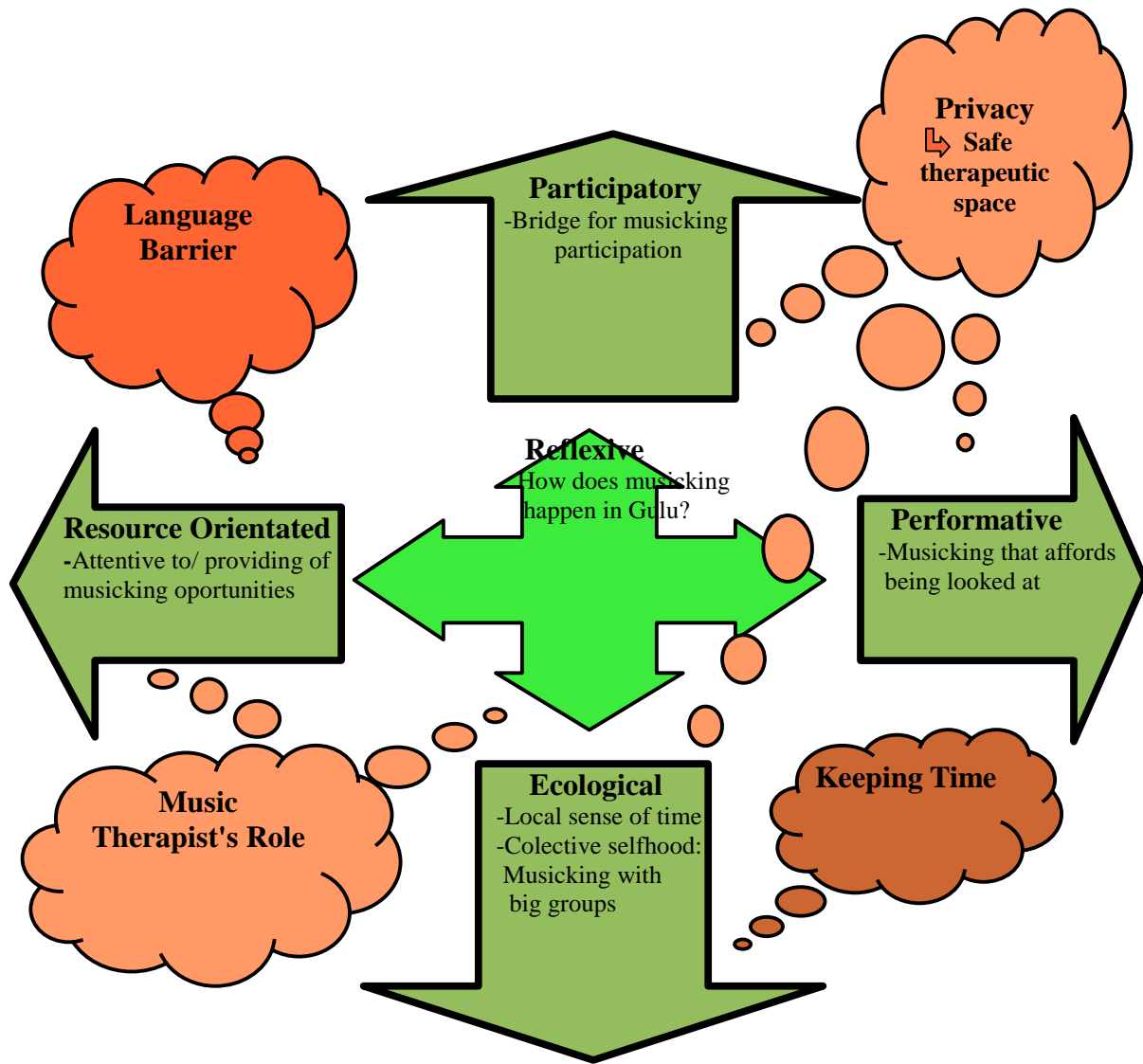


Figure 2.2: *Results*

Following all the exposed ideas, I will now resume what qualities of a CoMT approach help to re-frame the participant's experience in relation to the music therapist's role in Gulu. These qualities are understood as useful in order to create a situated framework for Gulu's context.

The role of the music therapist would be to offer health-musicking opportunities (*resource-oriented, participatory, ecological* qualities). In Gulu, considering the local sense of time orientation (*ecological*), this would mean going to the schools and being available and attentive for musicking situations (*resource-oriented*). That is, not going there with a concrete idea of what activities to carry out in a concrete period of time (hours), but with an availability to capture the best musicking opportunity (periods of work routine). Groups and timetables could be agreed with the teachers, but the music therapist must be aware that this does not necessarily mean that they will be achieved following Western time standards. “Gathering of the group” time, “sharing the porridge” time, shifting of the members of the groups...all this should be conceived as part of the framework. The openness and flexibility of the framework is very important in order for the music therapist to not feel frustrated. As Pavlicevic points out in a music session in South Africa “*Carol says she's not sure who's here today, never knows who's coming, and this is part of her work here: to be here on Monday and Tuesday afternoons, and see what happens*” (Stige, Pavlichevic, Ansdell & Elefant, 2010, p.220).

Musicking in the schools -or maybe in other settings- would mean working with whole class-groups or mixed groups, including the teachers or other member of the educational community (*participatory*). Considering their collective selfhood (*ecological*), and being aware that most of the children and teachers are used to big groups (at home, at school, in their community...), I suggest that the conventional boundary of group work with 6 or 8 children is not so suitable in Gulu. Because CoMT does not aim on focusing on the individual problems, but more on mobilizing resources that activate musicking opportunities (*resource-oriented*), I would suggest a more “just playing music” approach with big groups. Also, I suggest that including the teachers in the musicking would help to create bonds with the educational community (*participatory*). As a result, more bridges could be created and a change of roles would be afforded.

The music therapist should know the way music happens in Gulu (*reflexive*): their local music/dances as well as when, where and how they are performed (*resource-orientated*). Considering the fact that Acholi *long-standing cultural patterns* (McClain, 2009) are music, dance and drama, and that this cultural behavior was broken for two decades because of the war, one of the basic jobs of the music therapist is to give them back their culture identity, their way of giving meaning to their daily life (*ecological*). This does not necessarily mean that other types of musical expressions aren't afforded.

Several authors mention how contact with western culture is modifying musical preferences and practices in Northern Uganda (McClain, 2009; Nannyonga-Tamusuza & Solomon, 2012). But a knowledge and domain of Acholi music and dance is considered important in this context. Bethan acknowledges this in her interview stating that

*“I think the concept of music is definitely universal and that everybody can relate to music but, can somebody from Uganda relate directly to my music in England? I'm not so sure about that... you really have to learn somebody else's music before you can become fluent in it”.*

Finally, and considering that for the last two decades the life conditions of the Acholi have depended on national (*and* international) political relationships and international Aid Agencies (Finnström, 2008), the music therapist's role -when mobilizing cultural and musical resources- is offering them an opportunity to gain control of certain aspects of their lives again.

### ***Strength and Weakness of the study***

There is always a certain distance -I think- that separates the theory from the practice and the abstract from the concrete. Going from the concrete (experience) to the abstract (theory) feels much more easy than going from the abstract (theory) to the concrete (practice). That is, writing about the music therapist's role is far more easy than actually *doing* it or *being* it. Writing about the framework is easier than actually changing the way of looking during practice. Language is lineal, but experience is (sometimes) a spiral that follows a path, (sometimes) a hurricane that confuses the path. Because I have a concrete experience of what practicing music therapy in Gulu feels like, I am aware of the difficulties of all that I propose in the “results” section. But I am also aware that, if there is a way to improve the practice, it is only through the path of reflection. By improving I mean achieving a more meaningful music therapy practice, that is, a situated practice that is suitable for that context.

### ***Strengths***

The method used in this study was appropriate for answering the problem formulation. Analyzing the field notes and the interviews from a phenomenological perspective was a proper way to look for the

essence of the experiences and for the searching of common patterns. Looking at the final categories through the eyes of the CoMT was also appropriate in order to offer a new framework that could be used for a situated practice in Gulu. This study -therefore- has offered a new framework that could be useful for a more “culture-centered” (Stige, 2002) music therapy practice in Gulu. The way this framework has been defined (bottom-up) could also be a useful method in other non-conventional contexts where Western traditional practices have to be adapted. Reflecting on culture awareness and assumptions is necessary in order to carry out an ethical approach, but also for a successful music therapy practice. Successful for the participants, because they will engage with health-musicking situations. Successful for the music therapists, because they will be able to engage more “deeply” with the participants or even “become” one of them. Even though this study is the result of an analysis of the experiences of four music therapists during the course of 4 years in Gulu, I think the broad conclusion of the 5 qualities (*ecological, performative, resource-oriented, participative and reflexive*) could be useful for anyone that wants to use this approach. Even though circumstances have changed in these 4 years, some of the experiences related to similar issues, so there are reasons to believe that these qualities could be helpful for other people in this same context or in similar ones.

I believe theory and science are helpful as long as they are *used* and *practiced on*, that is, as long as they are of some kind of use to those who need it. So, yes, the strengths of this study are:

- 1- It offers a new framework to approach a music therapy practice in Gulu from a CoMT point of view. New frameworks allow new aspects of values or assumptions to arise so as to improve the practice. In this case, the new framework proposes a situated practice.
- 2- The CoMT approach offers the possibility of a situated practice that could be more suitable for the participants (both music therapist and members of the educational community). The socio-cultural view also allows a relational and situated approach to the human being, which is helpful in contexts where the music therapist is not familiar with the culture values of the participants.
- 3- The fact that this study was developed with a bottom-up method and with a high level of reflexivity could be of use for other professionals that wish to carry out a music therapy program in other non-conventional settings. “Absorbing” the essence of the experience (phenomenological approach) in

order to find common patterns and looking at them through anthropological views (ethnographic approach) is an optimal way of creating situated theory and frameworks.

### ***Weakness***

Reflecting over the weakness of this study, I now realize that -well reflected upon- weaknesses somehow become strengths or new paths. People learn and develop thanks to mistakes, so the following weakness actually open doors to new possibilities.

Because I believe that theoretical frameworks are only useful *if* they are *practiced on*, one of the weakness of this study is that it's somehow “lame”. In order to see if this approach is really helpful or not, the new framework should be tried out and evaluated. The research process implicates taking a big step out of the practice so as to be able to look at it with different eyes. This process is necessary but it also feels separated from “reality”. The birthplace of this study emerged from a concern about a music therapy practice in Gulu so, in order to complete the cycle that started this study, that is, in order to go back to the “reality” and check if this new approach actually improves practice, it should be tried out and evaluated. This would actually correspond more to an Action Research, a type of research that is very developed and supported in the CoMT literature. This idea will be developed further in Chapter 5. So, the weakness that I mention doesn't actually refer to how this study was developed, but reflects on what this study is useful *for*. Because the conclusions are presented in a theoretical level, there are high possibilities that more weaknesses of this study will emerge the moment the ideas are developed by concrete people in a concrete context.

Another weakness of the study was the way the interviews were developed. Bethan Lee Shrubsole, for example, had other thoughts after the interview and e-mailed the researcher with her new reflections. If the transcriptions were given to all of the interviewees, maybe many of them would rectify over some of their ideas or feelings. Sometimes, when interviewed, the articulation of ideas isn't very fluent, and when thinking over the question with more time to reflect on it, people can come up with another way of focusing the topic. Also, the researcher's inexperience with interviewing, plus the fact that they were through Skype, should be considered as a weakness. If the researcher had been a more experienced interviewer she might have been able to offer the interviewees what they needed in order to describe

their experiences and feelings in accordance with their thoughts. Another way this could have been developed was to give the results to the interviewees and see if they agreed on the interpretation of the data. This, of course, would have needed of extra time and a higher degree of involvement from the interviewees. But, this way, the research process could have been more useful for the participants. This would also correspond more to an Action Research, an idea that will be further developed in Chapter 5.

Finally, another weakness of the study is related to the “creativity and authenticity” category. Initially this category lead the study to a “dead end”. Because the approach wasn't done in a convenient way, no final conclusions could be drawn out. Better ways to deal with it will be developed at the end of this chapter, in the “what could have been done better” section. But the fact that it was a complex issue and that it needed a more complete approach can lead to open a new research field. That is, when something doesn't quite work out, it opens doors for questions and reflections. Just like the conflicting elements of my experience in Gulu opened me the door to this study, I believe the authenticity and creativity category can open other doors. This idea will be further developed in Chapter 5.

### ***What could have been done better?***

Even though the method was suitable for answering the problem formulation, the definitions of the two more complex categories (Clean and Safe Therapeutic Space /Authenticity and Creativity) could have been approached in a more successful way.

Regarding the “Clean and Safe Therapeutic Space”, the researcher acknowledges that it wasn't well enough defined. “Clean” didn't lead to any confusions and, even though all the interviewees agree that spaces were generally not clean, this didn't seem to be a conflicting element for the children nor for the music therapists. “Safe” arouse some doubts. The researcher related to physical safety in the interviews, but actually her basic conflicting element was the “music therapy setting”: arranging the room for the clients. So the category wasn't well defined from the beginning and this lead to different interpretations.

In order to investigate around the initial intuition regarding the “authenticity and creativity” category, the researcher would have had to:

1- Fully define what these concepts meant to her.

2- Look for complete definitions in the literature.

3- Find out what these concepts meant for the informants. Because of the complexity of the concepts, the interview would have had to been dedicated exclusively to these concepts. This should have been done by asking about theoretical conceptions and definitions as well as concrete examples in relation to the practice.

4- Once the researcher had a pattern regarding the experience, a conclusion could have been drawn out for this concrete context.

So, even though the method was appropriate to answer the problem formulation, in order to develop it more successfully, two important elements must be taken in consideration:

1- The boundaries of the categories must be very well defined. The researcher must dominate these boundaries.

2- The researcher should know how to inquire about the categories from different paths so as to manage to meet the interviewee's thoughts.



## CHAPTER 5: CONCLUSION

Considering the common patterns of the final categories that emerge from the music therapist's experiences, and approaching them with the CoMT perspective, I will now proceed to repeat the problem formulation of this study in order to answer it.

### ***Problem Formulation***

What qualities of CoMT can contribute to re-frame the experiences of four European music therapists when participating in a music therapy program with local disadvantaged children in Gulu's socio-cultural post-war context?

### ***Results*** (see Figure 2.2.)

The *ecological* quality contributes to re-frame the time keeping experience by increasing flexibility on the therapeutic timetable (including “gathering of the group” time or “sharing the porridge” time). The ecological quality also contributes to re-frame the lack of privacy experience by understanding the musicking as an activity that affords to take place with big groups (collective selfhood) in the open.

The *participatory* quality contributes to re-frame the lack of privacy experience by not focusing on the therapeutic relationship as a means of recovery but as a bridge for musicking participation.

The *performative* quality contributes to re-frame the lack of privacy experience by understanding the musicking as an activity that affords being looked at.

The *resource-oriented* quality contributes to re-frame the language barrier experience by understanding musicking as the basic activity and the role of the therapist as a provider of musicking opportunities.

The *reflexive* quality contributes to re-frame the role of the therapist by understanding how musicking

happens in Gulu.

The result of this study is a reflexive theoretical frame constructed *from* the experiences of four European music therapists and *through* a CoMT point of view. In order to verify if these qualities are actually beneficial to carry out a more situated music therapy practice in Gulu, they should be tried out for a concrete period of time and evaluated.

### ***Future paths in this field***

In Chapter 4, the weaknesses of the study suggested two research paths. One would be a phenomenological research (1), the other one an Action Research (2).

(1) Following the path that the “creativity and authenticity” category opened, it seems like the assumption “creativity is a basic goal to achieve in music therapy” is generally defended in the music therapy literature and very much assumed in the music therapy training programs. All of the participants agreed on this tenet. What “creativity” or “authenticity” actually means arouse demands of definition and related questions. I suggest it would be very interesting -through interviews and participant observation- to dig around how this category is perceived in a concrete sociocultural context (“How do people -music therapists or participants- perceive the practice of creativity and authenticity in a concrete sociocultural context?” “How does the development of creativity and authenticity relate to the values of a concrete worldview?”). The goal of this knowledge would be to facilitate situated creative practices.

(2) The result of this study is a theoretical framework that orientates the experiences of four European music therapists in Gulu to a CoMT approach. In order to see if this situated framework “works”, an Action Research process -where reflective and active approaches blend in a common path- is suggested as an optimal future direction for Gulu's context. This type of research is aimed at informing or improving a situated practice through an “*action-reflection cycle*” (Stige & Aar, 2012, p.207). CoMT refers to a type of Action Research named Participatory Action Research (PAR) that aims on “*empowerment of participants, collaborating through participation, social change, and acquisition of knowledge*” (Stige, 2002, p.293). I suggest that engaging in a PAR in Gulu would be very interesting.

This kind of research in Gulu could involve the participants of an educational community. Teachers, families, children or other members of the community could participate in a local project that aims on providing health-musicking situations and participation. The how, where and when could be commonly decided through participatory methods. A PAR approach might offer the possibility of feeling the project as “theirs” and this feeling might afford deep implication. In this community project, the music therapist's role would be very important in:

- the communication and interpretation of interpersonal relationships.
- facilitating musical and communication skills.
- providing health-musicking situations.

So, the music therapist would be an expert in these skills, collaborating with experts (teachers, families, children) on other skills (like understanding the needs of a community, the types of musicking situations that afford to take place, what the musicking affords in that community...).

A PAR is a complex research approach in Gulu. It involves many difficult issues that are embraced in the nature of participatory practices, where different voices have to be heard and choices must be taken. Because of their long dependence history, one of the most complex issues is trying to “awaken” Acholi people to believe that they have the resources to deal with their problems. An optimal music therapy PAR approach could be successful, because musicking is something that has survived in Acholi culture and that still affords meaning in their lives. In order for the PAR to be successful, the music therapist must be well trained in developing “cultural sensitivity”, which is, according to Stige, a “*willingness to accept that what is taken for granted may be questioned*” (Stige, 2002, p.321).

Hopefully, this study is a small contribution to the development of cultural-sensitive music therapists.

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## ***APPENDIX***

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### (1) *Interview guideline*

*After participating in MPM's music therapy program in Gulu from September to November 2011, I am now reflecting about my experience in my master's thesis. I would like to interview you about your personal volunteer experience. In the context of your work time at MPM's project in Gulu, please answer the following questions as coherent with your experience as you can. Thank you!*

1-What made you decide to volunteer in/start MPM's music therapy program in Gulu?

2- How much time did you volunteer/work for? Why was it that amount of time?

3- What was your role at MPM?

4- Could you describe in general terms the characteristics of the children you worked with?

5- During your work time at MPM, what aspects of music therapy (approaches/activities/methods) do you think worked better for the children? Could you explain why?

6- During your work time at MPM, what aspects of music therapy (approaches/activities/methods) do you think didn't work? Could you explain why?

7- Could you describe a specific situation in the music therapy practice where you felt your pre-understandings were challenged or didn't work? If so, why do you think this happened?

8- During your work time at MPM, did you experience any difficulties with any of the following issues? If so, how did you deal with these difficulties?

1. Emphasizing privacy in the sessions      3. Maintaining a clean and safe therapeutic space

2. Keeping time in the sessions      4. Developing authenticity and creativity with the clients

9- During your work time at MPM, did you experience any moments of doubts regarding the professionalism of the music therapy practice? If so, could you say something about those doubts?

10- Are you familiar with a relatively new field in the Music Therapy discipline called Community Music Therapy? If so, could you tell me something about it? If so, what do you think about this approach in unconventional music therapy practices such as MPM's project?

(2)Data Table 1.2: *First categorizing process of interviews*

<b>INTERVIEW</b>	<b>BETHAN LEE SHRUBSOLE</b>
<b>Motivation to start MPM</b>	When she went to Lira she played songs with the children and observed that music changed “their outward appearance” and “attitude”. “If there’s an outward change there must be an inward change”. She decided to study MT and then go back to Uganda. She did write about music therapy and PTSD in her master's dissertation.
<b>Characteristics of children</b>	In general, very friendly. At S.O.S. and Prison Primary they would run to you, grab your hands, greet you...Politeness and respect because, according to their culture, they are supposed to respect elders. Quiet, not misbehaving or messing around like children in UK. Shy at the beginning and more outward as the sessions progressed
<b>Aspects of music therapy that worked</b>	Group work. Because of the culture individual sessions don’t work. Acholi dancing is very appropriate for group work because they dance in a circle. Drama related activities because Acholi like drama. Song stories with the elder children who could speak English. But this activity was limited because of the language barrier. Betty started doing them in Acholi afterwards, but even the Acholi language doesn’t allow the deep descriptions that the English language offers. Songwriting for some groups.
<b>Aspects of music therapy that didn’t work</b>	Example of the “chicken squeaker” experience: there are certain things you have to be careful of. Depends on the groups: with some songwriting didn’t work, with some it did. But it’s not a cultural thing, it depends on the children. Acting out emotions with some children worked.
<b>Challenge of Preunderstandings</b>	She thought language wouldn’t be a barrier but it turned out “language is hugely important if you’re gonna get beyond the music”. Music is not a universal language “in the simplistic way I thought it would be”. The concept of music is, but “you have to learn somebody else’s music before you can become fluent in it”.
<b>Emphasizing privacy in the sessions</b>	Difficult because the sessions took place in open tents and many people would watch. Many children who weren’t in the group would actually try to join in the group. “There was a certain incongruous moment where we were trying to be healing a group of 6 people and trying to help them and yet somebody is chasing the other 100 away with the stick”. Being a “mzungu” is worse because everybody wants to know what she/he is doing. It’s easier for Betty and Vincent because they’re Ugandans, but still it’s hard for them because it’s not a common activity.
<b>Keeping time in the sessions</b>	Difficult because many children wouldn’t come on their own, forget what day or time it was. “You have to find somebody who can just run off and find your group”. “Within an hour of arriving anywhere our group would always be there”. The most groups you could arrange a day were three: two in the morning and one in the afternoon.
<b>Maintaining a</b>	Difficult because you would always have to “send somebody off to find a

<b>clean and safe therapeutic space</b>	broom” because of the dust, animals, rubbish, plastic (“children chew on plastic bags and suck them”)...but this doesn’t seem to matter to local people.
<b>Highlighting authenticity and creativity with the clients</b>	“There were some groups that it was very easy to see he individual” and some that weren’t. “It isn’t a Ugandan thing, it just depends on the child”. “I just think that the children always fell back on Christian songs if they had no creativity for themselves”. “I think if they are not in a place where they can create new things or if they can, em, play together then to have that as to fall back on, it’s kind of a safety net”.
<b>Professionalism of the music therapy practice in Gulu</b>	“I was always doubting how music therapy is even effective” because of the language barrier, “I couldn’t really get any deeper with the children”. “What am I really doing except singing a few songs with people?” But other people told her changes they would see in the children. So “music does have a power even if we don’t understand it...it’s got that power...and we have to just trust it sometimes”
<b>CoMT</b>	The difference between CoMT and psychoanalytic therapy is not important. “If music is changing a person then surely that’s the therapy”. “However I would say that what I did in Gulu, because of the lack of depth that I wasn’t able to have with the children because of the language barrier, I did class it as CoMT”, because it’s “much more about making music than about deliberately aiming to go beneath the music deeper into somebody”. “But I think it has a lot of the same effects as what might be termed as psychoanalytic or “proper” music therapy”

<b>INTERVIEW</b>	<b>JANTINA BIJPOST</b>
<b>Motivation to volunteer in MPM</b>	She met Bethan in a music therapy project in Bosnia-Herzegovina. When she finished her training Bethan asked her to help her start the project in Gulu. She thought it was an experience.
<b>Characteristics of children</b>	In S.O.S. it was special “The first time I really had a musical connection with the children”. Children were very playful with different characteristics. Very enthusiastic. Some children didn’t show up. It was a challenge to bring the groups together. In Laroo the adolescents weren’t that open, not that enthusiastic.
<b>Aspects of music therapy that worked</b>	Percussion, because “their rhythm is so much in their bodies”. “Going into an improvisation mostly with drums and changing the game all the time with non verbal signs” because “they were able to create their own games”. This didn’t work in Holland. Body language, dances and percussion.
<b>Aspects of music therapy that didn’t work</b>	“Feeling safe in a group”. Because the members of the group didn’t always start and end together because of the non punctuality of time. Having a beginning and end, a room that is private, structure...that was difficult to keep. Because other children were looking, knocking on the doors... “maybe it’s not something that didn’t work but some expectations that need to be adjusted”, “you just can’t maintain the safety all the time”. Privacy and time keeping didn’t work there “according to the way we are trained”. “These aspects of keeping the safety in the group has to do a lot with beginning and ending together, not being looked at all the time and being free to express yourself without being judged”. The lack of verbal communication and translation. Having a translator didn’t work either because they don’t have a “therapeutical” training in how to ask questions. How you ask questions is very important. The way they communicate is different, they try to put their thoughts on the children instead of a more interactive way they are taught in Holland.
<b>Preunderstandings</b>	She was surprised that when she asked about emotions they always responded about physical feeling instead of emotions. She expected children to be able to talk about emotions.
<b>Keeping time</b>	This was difficult.
<b>Emphasizing privacy</b>	The safety of the group was difficult
<b>Maintaining a clean and safe therapeutic space</b>	There was a lot of dust, but this was not a difficult issue for her.
<b>Highlighting authenticity and creativity</b>	The most important issue in music therapy for her is “the feeling of authenticity through music by accepting and meeting their play”. But first there has to be a structure and see the same group for 8 times in a row, so there can be a process. Authenticity and creativity was not a difficulty in itself but, because there were other difficult issues (time

	keeping, safety, verbal communication), that interfered, it was difficult to achieve a process ant “to keep on building”.
<b>Professionalism of music therapy</b>	She doubted all the time. “When is it music therapy and when is it just making music?” “Sometimes I was having so much fun myself” she thought that wasn’t right. “Sometimes it was just really having fun together”. But “that’s therapy for me too, to explore the play”. And when Betty does the sessions she doubts it’s music therapy because of her lack of training, that’s why she’s a “music counsellor”, because counselling is less professional and less deep. To go deeper she needs language. The lack of verbal communication kept her from going deeper.
<b>CoMT</b>	She doesn’t know what it is but she guesses it could be encouraging every part of the community to make music together.

<b>INTERVIEW</b>	<b>NICKY HAIRE</b>
<b>Reason to volunteer in MPM</b>	She went with Bethan to help her with practical issues while she started the project. She had always wanted to go to Africa, it was the perfect time because she had just qualified and didn't have a job. She thought it was an interesting project. To support Bethan. Practical support with non-music therapy issues.
<b>Characteristics of children</b>	Teenagers more reticent in the beginning, more involved later. She thinks it was a cultural thing "not wanting to do anything wrong", so they were "kind of holding back". The young ones were full of life and energy and fun. They were quite shy.
<b>Aspects of music therapy that worked</b>	She doesn't remember well, because it was long ago and she was only there for a month. They didn't have many instruments so they did some structured activities, but she doesn't remember well.
<b>Aspects of music therapy that didn't work</b>	Nothing comes to her mind, she didn't make a lot of notes and she wasn't there for long.
<b>Preunderstandings</b>	Not in relation to music therapy. But in general she felt a big cultural distance and couldn't really understand what the children had been through.
<b>Keeping time</b>	She can't remember exact examples but "I'm pretty sure that there probably the time was slightly more elastic in many ways".
<b>Emphasizing privacy</b>	Difficult because of the culture there. "You talk about boundaries and respecting this private space and things and then suddenly you're in a country that's completely the opposite". People were watching and spaces were not closed. "It's a case of us having to adapt and find a way of working that would suite them rather than imposing our reason"
<b>Maintaining a clean and safe therapeutic space</b>	She doesn't recall it being a big issue because she considers she was on the previous level. It was more difficult "finding out what a therapeutic space was", "how to find a place to do it". She did sessions in open tents.
<b>Highlighting authenticity and creativity</b>	She considers she wasn't there long enough, she maybe did only two sessions with each group. She recalls the children being quite shy but "happy to be creative once they realized they weren't going to be told off".
<b>Professionalism of the music therapy</b>	She didn't have doubts regarding the professionalism of the music therapy practice
<b>CoMT</b>	She hasn't heard about it but she thinks it's an interesting thought, it makes her think about "adapting or working with the community to kind of make your own music therapy". She thinks "that could fit in places like Gulu".

### **(3)Email from Bethan Lee Shrubsole**

*"Community Music Therapy is getting out of the 'clinic' (in whatever form: classroom, hospital room, therapy room) and out into the harder to reach community areas: whether under a mango tree or in a hospital common room. CMT is meeting people where they are instead of making them come to you. Going to their village, where they socialize, going one step further towards them out of your comfort zone to help them instead of making them come out of their comfort zone to get help from where you are. It is about changing the concept of Music Therapy to a place where confidentiality, time-keeping and conventional boundaries are not rigid, if there at all. It is about not being scared of letting the music and musical ideas run away with the group even if you are left behind while you try to catch up. It is community-led musicking, and even if the therapist leads the group, s/he is leading from behind while the group dictates their needs. It can be a scary place to be because the therapist is often as out of her depth as the group members, but it can also be so freeing to let music lead the way without the traditional constraints of clinical music therapy."*

***(4) Pilot Interview to supervisor Neysa Navarro Fernández***

**1-What made you decide to volunteer in/work at/start MPM's music therapy program in Gulu?**

On one hand my friendship with Bethan (the director of MPM), and on the other hand the possibility of being in Uganda for a month learning and experiencing by myself what is there like.

(may be interesting to ask for what was/is your charge/occupation there?)

I was asked to be peer supervisor of Betty and to give her more inputs of activities and songs in her work with the children.

**2- How much time did you volunteer/work for?** For almost one month.

**Why was it that amount of time?** It was the time Bethan asked us for.

**3- Could you describe in general terms the characteristics of the children you worked/work with?**

They were a part of a group, no individualists at all; obedient; helpful; smiling; soft; easy.

**4- During your work time at MPM, what aspects of music therapy**

**(approaches/activities/methods) do you think worked better for the children?** What I think it worked better was the few times we used free improvisation. **Why do you think they worked?** At free improvisation they transformed themselves, being able to say something individually while felling the support of the group, and having space to play strong and beyond.

**5- During your work time at MPM, what aspects of music therapy**

**(approaches/activities/methods) do you think didn't work?** In general I saw them more comfortable with structured activities: songs with gestures, singing and giving space for playing drums... **Why do you think they didn't work?** They worked for them as it was what they were used to do, to continue being anonymous in the group and have no initiative, and that is the point I think they did not work in therapeutic terms.



**6- What were/are the most difficult things for you during your work time in Gulu?** Not knowing and not being familiar at all with the culture, language, habits. **How do you think that influenced/influences in your work with the children?** Normally I was “lost in translation” if I tried to get to know the meaning of their reactions in music.

**7- What were/are the most satisfying things for you during your work time in Gulu?** Discovering the meaning of doing anything when having one thing to do for the day, doing that thing took the whole day, enjoying slow life. **How do you think that influenced/influences in your work with the children?** I was able to cope with all the unexpected things surrounding the music sessions.

**8- Could you write something about things you expected to happen that didn't quite happen the way you thought they would?** I thought children were going to be rude and difficult but it was not the point at all.

**9- Did/do you experience any professional or personal changes after/since working for MPM?** Yes **If so, could you write something about them?** Since my short experience there, personally and professionally I started to be more aware about the meaning of doing anything, appreciating little things and I saw myself more flexible and giving more space to the other.

**10- During your work time in MPM's program, how was your relationship with:**

**a) staff members of the schools/orphanages?** Cordially, most of them were happy of having us there. Except at one place where it was not like that, they were not helpful, not taking us in account.

**b) volunteers, current workers, director?** Very friendly.

**-Did these relationships influence in your work with the children? Yes If so, how did it influence?** They made it easier, I felt supported by the ones the children already had respect and confidence so they put on us too.

**11- During your work time in MPM, did you feel at any time “out of context” or lost? If so, could you write something about this feeling and how you coped with it?**

I have quite answered this at question n° 6.

**12- Could you write about any conclusions you think about** (I think this is similar to questions n°

4&5) **a) what aspects of music therapy are helpful for this population in this context?**

***b) what aspects of music therapy aren't helpful for this population in this context?***

### ***(5) Transcription- Interview Bethan Lee Shrubsole***

A: Ok, so first...ehhh...what made you decide to start MPM's music therapy program in Gulu? Why... why did you start this?

B: Mmm...first time I came to Uganda was Lira in 2004...that was the place hit by the rebel war...mmm...and I used to go every Sunday to a rehabilitation center for children who had been abducted and returned or rescued...mmm...and I used to take my guitar there, and each time I played a song it would change the way the children were from sort of...em... inside themselves, not talking to anybody, and then with music we would invite children to sing songs from their own places and also (Bring) sing some from the UK, and it changed their,... their outward appearance, their characters, for that moment and then when the music stopped they -more or less- went back to normal but with a changed attitude, and so I was...I felt “go home and study and at some point, come back”.

A: So you started music therapy *after* this.

B: Yeah, I was...I just did a **medium** degree and then went to Lira, and then went back to the UK. For two years I worked as a ... emm... a special needs assistant, teaching assistant, and then trained for two years and then went back in 2008.

A: MHmm...so you thought like the, the...mmm....the music would, would help in Gulu because of the...of the situation there of the children...

B: Yeah, I saw that it can change people's ...em, it's difficult to say, I saw the outward change from children and I thought “if there's an outward change there must be an inward change”...mmm...and I'd also read up some about it, about how music can help with trauma and traumatized people, and so in my master's dissertation I wrote about how music therapy can help with PTSD, Post Traumatic Stress Disorder. Mmm, and the reason I went back to Gulu instead of Lira was partly because Gulu had been harder hit by the rebel army and partly just because I had the contact there at S.O.S. Children's Villages.

A: Ok...and eh, how much time did you work for, I mean, did you spend with MPM there and...well, I guess you're still working on it, but how long have you been working on this project?

B: The first time I went for a six month period, in fact before that, in May, I went for two weeks just to again----- find contacts, find how the place is, how I'm going to manage there. I went with a non-music therapist friend, just for traveling companion. And then, that was in May, in July I went back, having received an invitation from SOS Children's Village. Emm, July I went back with a friend

who came for six weeks, a music therapist friend and within...within three or four weeks we had started working at SOS doing...em, officially they were closed groups of six children each, but actually we did them in open sided tents, so they weren't that private. Em, then that friend went home, and then Tina came out, a dutch therapist, for the rest of the time, even beyond when I went home at Christmas. And in that six months that I was there we started working at SOS, then we continued...Tina found us the...em...a contact at Prison Primary, a special needs place, and then ...oh, and before that Laroo Boarding School...did you ever visit that place?

A: Yes, yes I went there with Betty.

B: That's it.. it's quite awful .....

A: Yes...

B: ??????

So first came SOS, then Laroo, and then Prison Primary. Then I left at Christmas, so that's six months later, and Tina carried on and Betty joined us in February or January, when term started. So Tina trained Betty and they continued in those three places. And then I came again in February for two weeks of supervision, how it was going and to see where the place, emmm, where the project should go from there.

A: Hmmm, so your basic role has been like, em, contacting people and trying to keep the work going with the children, not just as a music therapist but em, as the director, no?

B: Yeah, for the first six months it was completely hands on. After that ??? I've been supervising Betty and bringing volunteers to help with her training. So Chia Ling came in September 2009 and...em...Neysa came a year after...I forget the exact dates but, yeah, basically it's been more hands off. I've also left Betty to do, to do the work, I mean I've been supervising her mostly by email and, when I was in the UK it was more difficult because, you know, being removed from the situation ...it's so much more difficult but, em, she's got on with it and even if she hasn't been the most energetic person doing the job, that I'd have wanted her to be, she's at least carried on the program.

A: Hmm, Ok...Could you describe generally the characteristics of the children.....how were the children when you dealt with them directly?

B: At SOS Children's Villages...well, let's say, all of them very very friendly.

A: Hmm.

B: Let me start, like, at SOS and Prison Primary the children were very friendly, so as soon as you turn up in the place they run to you and grab your hands, greet you...emm, and also a little bit disconcerting

coming from my culture where, you know, you're not supposed to greet strangers and you certainly don't hug them...so I don't know why that was...maybe it's a cultural thing. In fact today I went to a school where I've been like eight months ago, and they all ran to me and grabbed hold of my hands and didn't let go...and I.. I still find it disconcerting but I've accepted it. I've never really...I guess it's just a clash of the cultures...the fact that, certainly in England it's more ever a hand shake as opposed to a hug and you just don't greet strangers. MMM...anyway I was trying to regress...let me just think about S.O.S...I was trying to regress, they really got to know me and Tina really well and it became more...less, less ever superficial, less run at the *mzungu*, at the stranger and greater because she's someone special, or someone rich or someone new, but it became more of a friendship, so as I came they came to help me with my instruments, helped me carry them into the class, they went to find the children that...who were in the group for that day, and they were very helpful. Mmmm, in the afternoon sessions, they...I think a lot of the children's attitude was about politeness and respect, being in Uganda where they're supposed to respect the elders and...I hope it was a bit more friendly than if it was their teachers who they have to respect...mmmm....I'm hoping their relationship with me as a therapist and an outsider was more friendly...no, not friendly, mmm, more relaxed than with a teacher, more open...but there was always that respectfulness that you perhaps don't always find in the UK.

A: Hmmm.

B: After working in Gulu I've worked in London, no before, sorry, before working in Gulu I worked in London in a school with children and say, wait, and in fact children from Congo and Somalia, so I was expecting to find some of the same characteristics but they've been in England for a long time and were just quite rude and I didn't find any of the quiet respect that I had in Uganda...children here...I don't know...

A: So you found them kind of quiet, you say, like...the children

B: The children? Yeah...mmm yes, quiet in the fact that once you've started the session they didn't jump around, leap around...mmm...in misbehaving. They did jump around and leap around when it was appropriate to do so in...in em dancing or singing but, mmm, they didn't mess around, like children in the UK do, as I found.

A:OK, and do you, do you think they were kind of shy or... maybe just in the beginning and not afterwards...?just...

B: Yeah, certainly they were shy. Mmmm and as the sessions progressed they would get more outward, outgoing in their...in their actions and their singing and... what they, even what they brought with their

imaginations, if we played imaginative games. In the beginning, we had this game where you passed an object around the circle and you had to pretend it was something different to the person before you thought it was,mmm ... and in the beginning we would just pass it around and just say “oh, it's this” and the next person would say “Oh, it's the same thing”, the next person would say “Oh, it's the same thing”, but as time progressed their imagination seemed to stretch as well, so they didn't mind inventing something that might be considered silly to their friends.

A: Hmmm, and this was in the six months amount of time, right? Not, not more than six months.

B: Even less...

A: Even less...

B: I used to do 10 sessions with the SOS children.

A: OK, 10 sessions. Hmm.

B: Yeah, within 10 sessions.

A: OK, and emm, what aspects of music therapy, like approaches or activities or methods, do you think worked better for these children?

B: Mmm, well certainly this being a very social culture where children aren't left on their own in front of computer games or just... they have one sibling or something, like it is in the UK, they, mmm...I found that doing music therapy in groups was the way to go, instead of doing individual. In fact, I had one individual, one individual, emm, girl from S.O.S. as did Tina. And first of all I think that the lack of supervision that Tina and I had in Uganda, it wasn't appropriate to be doing one and one, because the subject matter got quite intense and we had nobody to talk about it with, even though I had a supervisor in the UK, he said that I could phone him whenever I wanted, the time difference and her work pattern and having \_\_\_\_ or anything like that didn't really work out. So ...em... we only had one individual each because, also in Uganda, it's not, it's just not considered... I think it's \_\_\_\_ suspicion when people are locked in a room on their own.....In fact, \_\_\_\_\_about that later. Emm, so, yeah, we did groups, emm, which was appropriate for the Ugandan culture. And then things like the dancing. Acholi dancing generally goes round and round in circles, emm, which is very good for group work 'cause you sit in circle and you are already there, waiting for your dancing and after dancing you sit down and they're already in circle ready to do group work . And Ugandans also, let me say Acholis, because I haven't worked with people here yet, but Acholis certainly like drama, and so doing drama and drama related activities with the children was really useful for them, emm, pretending an instrument is something else, or making up stories, song stories were really useful with them. Also you speak a bit

deeper with...em... you dig a bit deeper with the, the histories, especially the ones who had been abducted , but even the one's who weren't abducted but their families had experiences with the war...em, it was useful to do song stories, and you'd find that somebody might come up with...do you know what I mean by song stories by the way?

A: Yeah.

B: Yeah, all right.

A: And..how, how...did you do them in English or in, in, in Acholi? How did you, how did you make the stories?

B: The song stories I think we only did them with the elder children who spoke English.

A: Ok.

B: Once Betty joined us she started doing them in, in Acholi.

A: Hmm.

B: So it was limited. Perhaps \_\_\_\_ everything is limited because of language, even for Ugandans, the Acholi language, it's... has so few words...you just don't have the depth of description that you do in... in Western language there's a bit more, em, has many more words.

A: Hmm.

B: So we did the in English, but the ones \_\_\_\_in English were still able to say...I remember one particular girl, we were talking about, the story started over about a frog, and it quickly went on to a girl who had found the frog and her father beat her and which, you know, in England, in England that would sound really awful, in Uganda it doesn't sound so awful but you still have to ask questions about what's happening at home for her.

A: Ok...hmm...and emm, so you say that individual music therapy was not, em, you thought it wasn't a good idea...are there any other aspects of music therapy that you think didn't work there?

B: Mmm...I'll tell you something Betty and Vincent experienced last month at Cubu School. They were told that they weren't allowed to do small group music therapy anymore with closed doors because one of the pupils had gone home to his parent and, em, told him what he did in music therapy and I think somebody, Neysa or Tina, had bought out and instrument, I need to check with you on this, but I think it, it looks like, em, a \_\_\_\_ in the shape of a chicken thigh or a chicken or something like that?

A: Yes, yes, I remember that.

B: Is it a chicken thigh?

A: It's a chicken leg, I think, like a chicken leg.

B: Was it\_\_\_\_or a squeaker or what?

A: Yeah, it squeaks, it squeaks.

B: Ah, OK. Well, this kid went home and told his dad that he'd done this activity with a chicken thigh, so the parent thought that he was doing witchcraft and complained to the school, and so Betty and Vince weren't allowed to work with groups in a closed door anymore, so now they're only allowed to work with whole class groups of 100 children each ...

A: Oh, wow.

B: So there are certain things you have to be careful of. Em, in my own experience...some things that didn't work...em...I'm not sure...nothing...

A: Well, I mean, if you, if you think of something just...I mean, you don't have to, like, think hard, if you just remember something that you thought, "oh, this doesn't work here" ...just...

B: There are certain groups, like individual groups... so you'd find that some writing songs worked for some groups but other groups just didn't have the ability or imagination to write songs. So I don't find it that "Oh, you're in Uganda therefore this didn't work", but I did find it "Oh, this individual group, these individuals in this group are able to write songs, these individuals in these group are not". So, it's not really, I didn't find it to be a cultural thing, although I did find in my short experience that the girls were able to write songs more freely than the boys.

A: Hmm.

B: We used to have mixed, I mean single sex groups.

A: So, another, em, activity that you practiced there was like songwriting? That was, that was helpful for the groups?

B: Yeah, we started off by giving them a harmonic structure of an African song, it wasn't Ugandan song, but it was African song, I think it was West African...em, but a rhythm that's more, em, familiar to them than the Western harmonic structures...and then, em, it was towards the end of the sessions so through the time we'd been thinking, we found the children were always talking about one particular subject and we were coming to the end of therapy, em, and it was a song about saying goodbye.

A: Hmm.

B: Em, these, this, this group of children were abductees, they had been abducted, and it was girls so they had probably been abducted as wives for the soldiers and their song, em, was, basically called, I could look it up as well and give you the transcript, but it was basically called...em...goodbye...in short words, about how they'll, they'll miss us when we'd gone and how we should come back and visit.



A: Hmm.

B: Even though they knew we'd \_\_\_\_ but... more than that it seemed to be like...two weeks before one of the girl's sister had died and she wasn't able to go to the burial, so it seems to encompass a lot more than just goodbye to me and Tina, who were leaving...

A: OK.

B: The goodbye is for past people who had been and gone in their lives ...and I've forgotten what lead me to talk about this? But that really worked with that group .

A: Yeah, because I was asking you if songwriting was useful for the music therapy groups that you...that you , that you did there. Hmm.

B: Yeah, the \_\_\_\_ had the imagination to do it, the younger ones tended not to .

A: Hmm. So with the younger ones you did other things instead of songwriting?

B: Yeah, the stories, song stories.

A: Oh, the song stories. Hmm.

B: Yeah, they seemed to like that better. And, em, imaginative games, like making... making something into something else.

A: Hmm.

B: There's one particular session that I always remember with young teenage boys at S.O.S. We were exploring emotions so everybody would have an instrument, we sat in a circle...and, em, one would go around the children and they would tell us how they're feeling today and then the next time we'd say "OK, just tell us an emotion, any emotion". And then we acted out on that emotion, played it out in music...em, and I said that Ugandans love drama, and acting, and they're very, when they want to be, they're very flamboyant with their actions, emm, much more than in the UK, but this one time I remember they were acting out scared and they were hiding behind their chairs and ...em...peaking out and ...it was just, the energy was intense and it just felt like there was a lot more to it than just "Oh, let's act out being scared" but they had actually experienced fear in the past.

A: Hmm.

B: That was being relived.

A: OK. Em, could you describe a specific situation in the music therapy practice where you felt that your preunderstandings were challenged or that they didn't work there?

B: .....em...I certainly thought that language wouldn't be a barrier, because music is music is music, and you don't need language and that's what we're taught, but actually language is hugely important if

you're gonna get beyond the music...you can do it with music but there's so much you can't do as well...I found that a huge surprise to me.

A: Hmm.

B: I've been hawking on, I've been telling all my, em, supporters that music is language in itself, you can get by and you can just come and you don't need language ...then I find that, first of all, you need language to organize the grip, then you need language once the group does something that you can get deeper into...em...no, I mean that, in fact, music is not necessarily a universal language. I think the concept of music is definitely universal and that everybody can relate to music but, can somebody from Uganda relate directly to my music in England? I'm not so sure about that and what's first\_\_\_\_\_ you really have to learn somebody else's music before you can become fluent in it.

A: Hmmm.

B: So, yeah, it's not a single incident, but the biggest challenge I found was actually finding that music is not a universal language in the simplistic, in the simplistic way I thought it would be.

A: Hmmm...OK...Emm, did you experience any difficulties with, with privacy in the sessions?

Emphasizing privacy?

B: Yeah...emmm...in fact when I first turned up I was so, em, fearful that they would think I was doing something...'cause music therapy isn't heard of, and I was a stranger, I was so fearful that they would think I was abusing the children or anything, \_\_\_\_or doing witchcraft or whatever...that I,em...what's the word...I agreed to work in some open sided tent in S.O.S....it was like ...em, extra classrooms, sorry, my English is leaving me, em, temporary classrooms in the ground...and we had our groups there and although there were six children and two therapist in a circle and benches there were also 100 faces peering in from the outside...

A: Hmm

B: ...and 20 extra who actually got in and tried to join the group, and it was a mess at times and...I remember particularly thinking ...em...there was a certain incongruous moment where were trying to be healing a group of six people and trying to help them and yet somebody is chasing the other 100 away with the stick...

A: (Laugh)

B: ...that's not really **worry** ...to be excluding 94 people just to work with 6 ...em...so that, that was difficult privacy moment...and also, you know, if a *mzungu* comes then everybody is trying to look at her or him, so even if you shut the windows and shut the doors, there are still 100 people trying to peek

through cracks ... yeah, it's really difficult ...I think it's a little bit easier for Betty and Vince being Ugandans, but even they, turning up as peripatetic musicians or artists...it's just not something that's not very common here, so they get stared at a lot as well.

A: Hmmm, OK. And, em, did you experience difficulties keeping time in the sessions? (Laugh)

B: (Laugh) Em, OK, yeah...everything that, that you also had... I would turn up expecting my group to be there and, of course, some of them hadn't come from school yet, some of them had gone to their villages, some had gone to burials, some just... hadn't realized what day, let alone what time it is... so as soon as you turn up at a place you have to find somebody who can just run off and find your group and that is the amazing thing about Uganda that I found: you just turn up somewhere, find somebody and say "Oh, can you go and find this person?" and it doesn't matter where you are, who they are, whether they know this person or not. Usually, between 10 minutes and an hour latter this person will always turn up...

A: (laugh)

B: ...and, I don't know how I've managed it, but within an hour of arriving anywhere our group would always be there.

A: Hmm. (laugh)

B: An hour is\_\_\_\_for a group to even start.

A: OK(laugh)...Still, if you wanted to have several groups in, in...in a day maybe that would be a difficulty...if you have to chase people around (laugh)..??

B: \_\_\_\_\_was two in the morning,\_\_\_\_ in the morning after two o'clock.

A: What?

B: I say the most we ever tried to arrange, the most groups we ever tried to arrange in a day was two, sorry, in the morning was two and one in the afternoon, so we never arranged\_\_\_\_three groups in a day. So we might arrive there at 9:00, the group starts at 10:30, finishes at 11:30, the next one starts at 13:00, finishes at 14:00, the next one you have to go somewhere else, starts at 15:00, ends at 17:00...so whereas in England you might do...I remember in one of my jobs I did 9:00 to 9:30, 10:00 to 10:45, 11:00 to...like that...so I could get through seven individuals in a day, in Uganda you'd be lucky to get more than three groups or individuals.

A: OK...(laugh)...em...

B: \_\_\_\_\_

A: What?

B: ...bringing it all back to you...you remember it (laugh)

A: Yeah (laugh). Em, did you have any difficulties maintaining a clean and safe therapeutic space?

B: (Laugh)...what is that in Uganda? Em, yes. When we arrived and you had to send somebody off to find a broom because the room is completely covered in dust and the instruments are eaten by aunts or whatever eats instruments...and, em...or the man with the key has gone and there's nobody to open the door in the first place...em, and then when you arrive in the room there'll be bits of rubbish, bits of plastic, children chew on plastic bags and suck them and make balloons out of them and things, so yeah, there was a lot I would say \_\_\_\_\_ that you just turn up \_\_\_\_\_ to because they won't seem to matter to the local people.

A: Hmmm....OK...and, em, did you experience -this is the last one- difficulties, em, developing authenticity and creativity with the clients?

B: What do you mean? Can you elaborate on that?

A: Em, well ...em, in music therapy normally you're looking for, eh, authenticity, you're trying to see the individual and you're trying to bring out the creativity of the individual or the group or whatever. Em, throughout, eh, creative activities or exploring, em, sounds with the instrument, creating different things...trying to see the, the...each individual in the group...so my question is if you had trouble doing that.

B: Yeah, I think I've understood you to mean that, em, if the children had a...a barrier to show me somebody that they're not ...like that?

A: Em...n, well, if , if...if you were trying to get to them individually and was this hard for you...with the children...if, if it was hard for you, maybe it wasn't...I don't know.

B: Well, again, there were some groups that it was very easy to see the individual and, em, the group really \_\_\_\_\_, the individuals \_\_\_\_\_ as a group...em, sometimes that would really work. But at other times the group didn't want to talk to each other, therefore they weren't able to cooperate with, in musical activities, in creative activities...

A: Hmm.

B: ...and they would certainly ...I'd have to say Laroo was the hardest place that this happened...there were certainly the teenagers who just shut...shut up their, their bodies, their faces...they didn't give anything to work with and, it would be...it would require so much energy from me and Tina to try and keep them...em...to try and get them involved in what we were trying to do...and we would rarely see anything about their personalities, about their characters...or anything individual or as a group ...

A: Hmm.

B: ...so, yeah, it isn't a Ugandan thing, it just depends on the child. And Laroo is bound to be the hardest, because it's got the most difficult children in it...the ones with most dramatic pasts ...em, so it was really a\_\_\_ through that place if you ever really thought you understood a child.

A: Hmm...so, em, what was easier for them to do? Like just play their songs, their traditional songs, or...?

B: Yeah, and as you, I think as you know, it was always a fall back to singing Christian songs. Em, partly because that's what they know, because they sing it at school and they sing it at church but, partly because...I did find, actually, that having a faith I think really helped children who are healing, because it gives them hope for the future and a forgiveness for the past that in a **circular** society might not have so...em...so readily accepted ...I don't know if that makes sense but, I just think that the children always fell back on Christian songs if they had no creativity for themselves...em...and...I don't think that's a bad thing, I think if they are not in a place where they can create new things or if they can, em, play together then to have that as to fall back on, it's kind of like a safety net.

A: Hmm.

B: And things\_\_\_up from there, so they might fall back on a song that they know and then creativity came from that. There was one time actually ...we where a group of teenage girls who were very fairly...very irresp...they didn't respond at all ...and they always just started falling back on Christian songs to sing together, instead of doing activities or creating new songs but then from that, from one of the songs they made a parody of the song, a parody of the tune...so they put new words to the tune that they knew ...em, so that was inspiring...

A: Hmm...OK...em, did you experience any moments of doubts regarding the professionalism of the music therapy practice when you were in Gulu? Like, did you say, did you think any time “this is not music therapy”? Or, em, these kind of doubts...did they, did you have these kind of doubts?

B: Yeah, I was always doubting how music therapy is even effective, em, and what it's actually doing. And I think part that was the language barrier because I couldn't really get any deeper with the children, so all I mean is that I was playing music with them and they were playing music with me and somehow for the hour that we were there people tended to play and be creative and...be a bit happier...and I was just, was thinking, “Oh, first of all, I'm out of my,em, my country, I'm all on my own and what am I really doing except singing a few songs with people?”. And very very often, even now, I think what is it music therapy actually doing? And, but then we did and evaluation with the

children from Laroo and...I think...even though I was the one doing the evaluation - which probably wasn't good to do- I had a translator. And, it turned out that it was really doing good things, em, below the surface, behind where I could actually hear, understand or see ...em, and it was those times when I would get a glimpse of somebody just saying to me: "I've really seen a change in this person", or "That person never used to want to lead a group or talk in front of the group during debate parts or anything so, at those times is when I thought "OK, music is good, you gotta trust the musical process even if you can't tell what's happening under the surface. And Tina was a big inspiration to me for that 'cause she would always just say "trust the music" \_\_\_\_\_easier at the time.

A. (laugh)

B: But the reason I became a music therapist was because music does have a power even if we don't understand it ...it's got that power ...and we have to just trust it sometimes.

A: Hmmm. And,em, are you familiar with, with a field of music therapy called Community Music Therapy?

B: Yeah.

A: Hmm. And, em, could you say something about this field or this approach in the music therapy regarding the context of, Gulu's context? Like, is this, do you think this view of the music therapy is, em, is more helpful in this context than maybe a more psychotherapist approach or, em, another kind of music therapy approach?

B: Yeah, em, I think that, em...I have quite strong views, although I haven't really sorted them out in my head yet about Community Music Therapy versus Music Therapy ...or psychoanalytic music therapy, because I just struggle to see why it needs to be explained in the first place.

A: Why it needs to be what, sorry?

B: Why it needs to be explained, why it needs to be categorized.

A: Hmm.

B: Because following on from what I just said about having to just put your faith in the music as the catalyst or change in the person, in the client. Em, why, if music is changing a person then surely that's the therapy. Why do you say "no, no, this is Community Music Therapy because it's not done by a therapist", or "This is psychoanalytic therapy because, you know, it's done by somebody who has psychoanalytic background"...I just...It's something that I think a lot of people struggle with and am also trying to figure out is...what is the real difference? However I would say that what I did in Gulu, because of the lack of depth that I wasn't able to have with the children because of the language barrier,

I did class it as Community Music Therapy.

A: Hmm.

B: If I had been able to do, go deeper with the children in language then maybe it would have gone psychoanalytic root and I would have been able to, em, just, I guess, just go deeper into, into the children's psyches or lives.

A: Hmm.

A: And, em, work a lot more more deeply with them. So I suppose, eh, there's no quick answer but, Community Music Therapy in Gulu, I think that's what it is: it's done much more on the surface, it's done much more in the open...em, but I think it has a lot of the same effects as what might be termed as psychoanalytic or “proper” music therapy.

A: Hmm. So for you Community Music Therapy is like, something that is not very deep?

B: I guess so.

A: And... it's more open? Like, people can see it...

B: Yeah, I guess when I think of Community Music Therapy, regardless of any, em, definitions that have been said, I guess I would define it as just being more open groups, em, less intense and, yeah, I guess much more about making music than about deliberately aiming to go beneath the music into somebody's, em, deeper into somebody ...I don't know if this is making sense but...

A: Because for you, you think that if you really want to go deep you need language.

B: Yeah, I really do, I saw that right from the start. This is off the record, but my music therapy course I've always thought that they have not put enough, em, emphasis on the speaking in, in the session, and that's where I got my understanding from that everything can be done in music but I've seen that it really can't. A lot can be done in music and it has been done in music in Gulu and, em, other places around the world but I just think that to get deeper with somebody language is important as well.

A: Hmm. OK, so this is it. Do you want to say anything else, like anything you just want to say?

B: No, I think I've spilled my heart.

## ***(6) Transcription – Interview Jantina Bijpost***

A: OK, so first, could you tell me what, what made you decide to go to participate in MPM's music therapy program in Gulu? Why, why did you go there?

T: Hmm, well I, I've been ... during my studies, which was in \_\_\_\_, in Holland, I was with the European music..mm, well, the European organization of music therapy students and there I organized a project a few times in Bosnia-Herzegovina and there I met Bethan Shrubsole and she is the, em, she's the one that initiated the program of music \_\_\_\_lets say, \_\_\_\_.

A: Hmm.

T: And, em...yeah, she...after my, well, after my studies of music therapy I, well, she asked me, em because I wouldn't have to travel, she said “after your travel you could you come to Uganda with me and, em, you know, help me start the project, and, em, well, I thought “Why not?”. It was not, it was...it was not my initiative, but she, she asked me to come.

A: Hmm. OK, so you decided to accept the invitation because you thought it was, like, exciting, or new, or just because she was your friend...?

T: Oh, yeah, it was...yeah, what's, what's the reason, yeah...I think it was for me an experience and that in the first time, em, first place. I did projects in Bosnia, em, so I had some experience with working abroad with music therapy and, em, yeah I...I...yeah, also I didn't know much about the situation there before, em, she asked me, you know, so it was not like I heard about this project and I asked myself to participate but, yeah, it was for my experience. Yeah and, of course, I wanted to contribute to, em, the environment there and, yeah, I strongly believe in, em, the power of music to, well...to...well, for many things ...so, yeah, that's what's behind it but first it's my experience to contribute there. Yeah. And I intended to go there for, I think, half a year, but I extended my time...so in the end I was there for over 8 months.

A: 8 months?

T: 8 months, yeah, and later I came back for, em, so I came back in April 2000...what was it? I don't know if it's 8 or 9...oh,oh...

A: I know she started the project in 2008, so I don't know if you went the first time with her to start this or you went after?

T: She was there already for a month, em, when I came, and I came back in 2009, in April, and I went



back that summer to, to...to just see how things are going and to check on Betty and...that was for one month.

A: Hmm

T: And I went with Neysa Navarro.

A: Hmm. OK, so, and, why did you decide to stay longer there? Was there any reason, or ...?

T: Yeah, em...it was because during the time I was there... the first few months the...the activities we did were mostly, em, active, I mean we were doing therapy with the children in S.O.S. ...and, em, in several other places...but we didn't find...well, we did some trainings with the mothers of S.O.S. But we didn't find a person yet to educate, well, to educate, to train to use music for counseling and to continue, em, the things we did there and that's the most important part \_\_\_\_for doing this development work with music therapy is to teach, em, someone, well a, a local person who continues the work and, so it's not a one time thing, you do it and you come back but you leave the expertise to, to someone and, well, Betty...our training started in the beginning of January with and I decided to stay for a few more months to...you know, well, to train her, actually, and to do the groups together with her ...that's the reason ...and I think, well Bethan was going back to England at that time...and she was...was she pregnant then?

A: (laugh)

T: \_\_\_\_ Sorry, there are sometimes I don't know the time, well, she was going back and I wanted to stay to train Betty and I was, really, also having, I was having a good time there so, em, yeah, that's why.

A: OK, so, what was your role in MPM? Em, you, well, you're telling me you had like two roles, like first you were more a music therapist and then, em, training Betty? Is that more or less...?

T: Yeah, that, yeah...those are my roles..well, training Betty but also, em, we, at that time we had to also formalize the MPM project, so I also arranged with the local government there in Gulu to em...to, how do you say that, to make us a C.B.O., a Community Based Organization, so I also did some of that stuff, but Bethan was mostly, em, how do say that, she was mostly doing, organizing, she was the organizing brain, let's say that, I did a lot of...yeah, a lot of work with Betty and I also contacted the local schools and made the schedules for the therapies, and, but Bethan she was more about the formalizing of the organization and, well in the three months I was there with Betty without Bethan I also did some of this formal activities, yeah.

A: OK, em, could you describe in general terms how the children were, like their their, characteristics? What type of children you dealt with? When you think about the children, like what's the first thing that

comes to your mind, like, how were they in general?

T: Yeah, em...well...we worked in several places...the first months we mostly did groups at S.O.S children's villages...em...I...well, what's the first thing that come to my mind, that's a bit...that's...you know... I was there and it was...well, let's talk about S.O.S first...it was a really, em, special time for me there and this connection with the children ...in Holland I mostly worked with youth, adolescents, and there was the first time I really had a musical connection with the children and, actually, em, me leading that place and I really...em, that's the first thing that comes to my mind...

A: The connection with music.

T: These children, they were enthusiastic connection and then suddenly, well, not suddenly, I prepared the children that I was leaving, but, I feel a bit guilty for leaving, somehow, but, OK, but how were the children? They were very very playful, many different characteristics, they were, I was, there were different groups, you know, there were some boys who really liked *only* to do the percussion...and em, very loud and, em, you know, expressive, and there were some...em, some girls a bit more timid, and...yeah, I don't know there's not like *one* description of how the children were. But then I also worked at Prison Primary School, which were children with mental handicapped and, well, of course, these children they were *so* enthusiastic about our, our... about us making music with them and, em...yeah, I don't know...

A: So, in general, they, they...they participated, they were friendly, they, they..didn't...they weren't *angry*...they, they *liked* coming to music, they participated, they respected the rules or the setting or whatever...this is what I'm trying to, em, to see, if your, if your experience was kind of this way.

T: Yeah, well, em... I think in the beginning, em... they certainly...well, they were always very enthusiastic about us coming there but, at times, em...a certain time, em, some children didn't show up, em... and it was *always*, em...how do you say that, em... a *challenge* to, to bring the groups together that we, em, that we, em made. And, well, there was also a difference between the place, because we also worked at Laroo Primary...no Laroo...

A: Boarding School?

T: Em, yeah, Laroo Boarding School, and those were more adolescents and there, em...they were, em... yeah they were more hesitant about their playing, we...well, em...they were more like, you know looking “what's happening here?”, they were not opening at the beginning and some of them, you know, of course, they...sometimes they were a bit moody ...I allowed, I allowed that and I, em, well, we talked about it through games, or, I mean, gave it a...well the language was quite difficult, actually, with

those children, em, but, through, yeah, I don't know, I guess I should be specific, but, with the thumbs they would, you know, mention how they were and it's OK if they were a bit like this (she puts her thumb down), so, you know, they were not, in Laroo they were not always enthusiastic.

A: Hmm. OK.

T: Not for 10, well not for the certain, em, the idea was eight times per group, em and it was a challenge to keep them going for 8, you know, to keep them coming for 8 times in a row ...but I think in general, specially at S.O.S. and Prison Primary School, the children were respecting and, mostly actually, enjoying the music therapy, yeah.

A: OK.

T: Well, the... the music groups we did, yeah.

A: OK. So during your work time at MPM what aspects of music therapy, like what approaches or activities or methods do you think worked better for the children?

T: Em...well what depends on what, what you want to, you are trying to achieve... I mean, em ...for me the primary, em, well first it was a lot of joy that, that they experienced with, with, with making music with us.

A: This making music...was, was it, what was it?

T: What was it? Yeah, it was mostly percussion. I... and I...it was such a privilege to make music with these children through percussion because they are so, em, their rhythm is so in, how do say, in, in their bodies, I don't know, and, and to meet them through this rhythm is, em , the most valuable thing about, em, the therapy, because, em.

A: So you would go there with your percussion instruments and say, "OK, let's play whatever you want"? Or would the activities be more, with some kind of rules? Was it free improvisation or, songs...?

T: It was really unique. Because there was a structure, always a beginning song and ending song, and we had some games that kept coming back, for example, em, the magical drum, where they could with the drum, em....you know, tell the group if they, em, well, lead the group in volume, in dynamics and energy, bodily, bodily gestures, the group...the one with the drum or the one with the stick was the magical person, and, em, those kind of games ...em, dancing games we did, em... but what was really, what was...what I was trying when I came back to, to Holland but I was also trying here and didn't work here in Holland, was, what worked there was really, em, going into an improvisation, em, musical, with, mostly with drums and changing the game all the time with non verbal signs and no talking and, you know, em, for example, when the drum is in the middle, and I hit it, and I, I don't

explain verbally I invite someone else... the child comes to the game and he plays something else and the game kept on, em, growing, em \_\_\_\_ creative in that...in the beginning it was, yeah, of course, careful, but I think the most valuable thing, that they, em...they were able in our groups to, to create their own games, em, you know and, to have it accepted. And...and...there were really some moments where I, where I, when it was so, so strong this connection of making games together, and musical games and this didn't work at all in Holland, by the way.

A. (laugh)

T: It's like, "what are we doing exactly?" and always all the time talking and...yeah it was so, that was... also, for me now looking back and evaluating, while I talk to you, so sometimes I go maybe a little bit, em from subject to subject, but, em yeah (laugh).

A: OK, so you think,em, that what worked better was like, percussion and dance and body gesture, not, em...they didn't need to talk? What worked better with these children was the body language and the dances and the percussion...hmm?

T: Yeah.

A:OK.

T:Yeah, mostly, mostly the percussion, 'cause, em I could really meet them through percussion... that was the most powerful thing, also for their expression and acceptance and...to match their, em, their playing...yeah.

A: OK.

T: I'm very curious, you know, if it would be a conversation now I would ask you "and what would you think?", but, OK, let's do that latter.

A: (laugh) I'll do that, we'll do that latter.(laugh). Em, so, I asked you about what aspects worked better so can you tell me now what aspects of music therapy, like activities or approaches, didn't work at all or you thought that didn't work there?

T:...em...let me think back (laugh)...em...yeah, well I, I think feeling safe in a group, well to be able to...to open up, em, to connect through music it's very important to have a group in a circle where, em, there's a beginning and an end...but, em, because of the time, the...the, the non punctuality of time the group was always... you know, em...well, certainly in those first few months there were always children looking through the windows and they were coming in and sometimes just suddenly, em... going out to go to the children that were looking at them and it was... well that's the culture there, everybody can usually look at activities that are being done anywhere, except for school activities, I think, well...and

we are, well I was trained very strongly to keep the, to maintain the safety of the group by having a beginning and an end, and a room that is private, em, you know, structure and these things but ...but, that was just so difficult to keep...

A: Hmm

T: ...because there were all the time looking children, other children that...wherever you are, or knocking on the doors, em, so that, that...well that's maybe, it's not something that didn't work, but some, some expectations that need to be adjusted...you just can't maintain the safety all the time...and...well, what didn't work, musically?

A: So you think, you think it was, like, privacy in the group? We are, normally, music therapists, we are trained to deal with privacy as, as an issue in the music therapy setting, no?

T: Yeah.

A: So privacy was difficult and also time keeping, em, was difficult in, in the groups...

T: Yeah.

A: So these are the two things that didn't really work there.

T: Yeah, exactly.

A: Hmm.

T: Well, didn't work there...em, according to the way we are trained,

A: Yeah.

T: 'cause maybe it worked, but, em, you know, just with different, with different setting, em...but I do think, still, these aspects of keeping the safety in the group has to do a lot with beginning together and ending together and not being looked at all the time and being free to express yourself without being judged ...you know, from someone outside...and, and another aspect, because you asked what did not work is definitely the lacking of, em, communication, em verbal communication, there were many children that they speak some words but, I don't know, going into depths...you know, sometimes I wanted to just talk about what just happened, and "Oh, we just created a game!" and that was able...I mean, to reflect on what happened verbally was just very minimum...and, em, yeah...and that's for me with the children, because with..training Betty and stuff...that's a whole different subject (laugh).

A: No, no...I want to know...I was thinking about that right now because, em...your second role was training Betty...did you do that with children or without children?

T: Em...let me think how we, em...

A: Because you're saying that a problem was language, em, verbal communication...If you were with

Betty she could translate, but if you were not with Betty it was impossible to really get to the verbal communication.

T: Yeah, yeah...that's right. And, but even with translator, because we didn't have only Betty as translator...

A: Oh, OK, you had translators...

T: But, then, having a translator... it needs very specific instruction for the translator, because translating literally is...well, not possible (laugh) and they always \_\_\_\_ their own stories and interacted themselves through, em, with the children, reacting directly...well, not functioning as a translator, you know what I mean?

A: They were interpreting, they were not translating, they were...

T: Yeah.

A: They would give the message with an interpretation, maybe...is that what you're saying?

T: Yeah, yeah. And it's always, you know...how to ask a question, em, for me, even every word, em, makes a difference in how it's interpreted...em, in general, in Dutch or in English.

A: Hmm.

T: Em, and for me it's very important, you know, how you ask a question and, open, open up the conversation in a way that it's not judging or...or a suggestive and having a translator that doesn't have, well let's say, a "therapeutical" training in how to ask or, you know, what I mean...

A: Yes, yes.

T: ...you can say "Hey, what did, what did we see here, what did you think of your neighbor when she was doing that and that?" And... "or when she was playing with you?" Maybe the person that translates says, em, "Did you think the person next to you was angry at you?" You know? For example...so...it's... that's really difficult (laugh). Yeah.

A: Hmm, yes. So, actually, em, the fact that there were sometimes translators inside the sessions made it ...that was another difficulty, that was a thing that maybe you thought didn't work...as, no? is that what you're saying? Like, one of the aspects that was difficult was the translation and the verbal communication.

T: Yeah, yeah...I'm...I'm hesitant to saying that it didn't work, because, you know, it can always work, but it needs some, how do you say that, manual and good, good appointments, or, well you need to talk with the translator about how you're going to do this, and, will you be the main therapist or the person also, you know, is it just a translator or is it a co-therapist? There's also a difference...because yeah,

yeah...and I, I...with Betty I wanted to train her, well, I wanted to, in the beginning know what she was communication with the children so I could talk about it with her later ...em, yeah, and she was also, she really liked to, to tell stories...and, yeah, it was different, usually, yeah, well with many Ugandans...it's, it's...also teachers...the whole system there with the teachers it's always just talking and the children receive, and take it, it's not really interactive way like we are taught in, as music therapy or maybe more even with teacher- children situations in, in...in Holland or... and I think she was...em...well, that's...it's always aggressive...is it the culture, and should I go with the culture? Or should I really train Betty to communicate with the children instead of just telling a story and children are supposed to learn from it? Em, I don't know...do I make sense?

A: Yes, yes, I understand. It's like, em, she was...or the way the adults communicate with the children is trying to teach them something concrete instead of trying to receive from them something, no? That's what you're saying.

T: Yeah. \_\_\_\_ a process where they think themselves instead of or conclude themselves instead of putting your, you know, putting your thoughts on them, you know, it's just the way of communicate, that's a little bit different.

A: Hmm. OK, em, so could you tell me if you experienced any moments where you thought your pre-understandings were being challenged or didn't work? I think we are talking about this already like, em, you know, the beginning and the ending of the group and, em, the privacy and the safety in the group...are there anything else that you could think of that you thought "Well I already thought this would be like this and it's not", it's like your pre-understandings, em, are challenged.

T: Yeah...em...em...probably many things but like \_\_\_\_ where you have expectations, but you mean cultural, cultural, culturally or...well, OK...em...yeah...emotions, feelings, when we are talking about them...it was, they don't, you know we know angry and sad and happy and, em, cheerful or...you know, and all these variations when we think of our feelings, but they don't...I was surprised that when we ask how they feel it's always a bodily thing like "I am hungry" or "I...I didn't"... "I'm sick" or "I have pain", you know...yeah...these...

A: More physical feeling instead of emotional.

T: Yeah, yeah, exactly. And then...well, let's say I was surprised that when children \_\_\_\_\_ how are you "I'm fine", "We are fine", they answered whichever, so they are often not trained to reflect... I need to answer this ...(She talks on the phone in Dutch)

T. But, em...I'm back, yeah...em, yeah, well and that's towards the children, but then...

A: Hm, so you thought asking them about emotions would be something they would be able to answer and when you got there you realized that they couldn't, and so this was an expectation you had regarding the, the children...and that they weren't like that, they couldn't talk about emotions easily.

T: Yeah.

A: OK. Hmm.

T: Yeah, well summarized (laugh) yeah. And then again that's also a challenge in music therapy to, to, I don't know, make categories simply by singing a song in several emotions, for example, and by that accepting that...or knowing that these emotions exists and may be there, are, I mean, are allowed to be there, you know, so that was, also, at the same time, a challenge.

A: Hmm.

T: Or challenge... a goal for music therapy...to make those categories

A: Hmm. To help them learn about different emotions that they could feel.

T: Yeah.

A: Or recognize, maybe.

T: Yeah, recognize, yeah.

A: Hmm. OK. So, em, about the difficulties you had, we've talked about privacy in the sessions...you agree that this was a difficulty...and about keeping time and, em, about maintaining a clean, em, a *safe* therapeutic space, right?

T: Yeah.

A: OK, did you have difficulties...

T: That's, that's \_\_\_\_.

A: Hmm. Did you have difficulties maintaining a clean therapeutic space? Physically clean? Was this important for the safety of the group, do you think?

T: Physically clean, you mean a, a room, em\_\_\_\_ children? what do you mean by physically clean?

A: Em, yes, I mean, em... normally we try to have the clients in a, in a physically clean therapeutic space, the space, the safety of the space is not only because of the group -which you already talked about- but also because of the, of the safety, of the, of a clean space without, em, objects that could, you know, that children could deal with like, em...I don't know how to say it now, like sharp things or animals or, or whatever. Did you have difficulties maintaining a safe and clean therapeutic space in Uganda...em, in Gulu (laugh)?

T: Em...



A: Or maybe this was not an issue for you...I mean, I'm asking, was this something difficult for you or not? Maybe not...

T: No, I don't ...I don't recognize ...no, of course, em, treating the instruments in a respectful way is em... *while* going completely loose on \_\_\_\_ with sticks...em, it was, I think in any place, also here...no, it was not particularly there that, that...no...I don't, \_\_\_\_ that you just said.

A: No.

T: But of course the boundary, or well, let's say the, em... separation between how to use an instrument or how you are not is very difficult...I mean, you shouldn't tell the children to be quiet with their instruments when they still have them in front of them...em, because they just simply cannot, it needs to be behind you or in the middle, and it's the same with children here... you know, but I don't think that's what you men...but, yeah.

A: No, I was, I was thinking more of, of like, the dirt in the rooms and the objects that can really hurt children...this was...I'm asking if you had any trouble with clean spaces in...in, in Gulu, *and* if this was an issue for you or not, a difficulty for you or not, did you think...

T: For me...Yeah...em, no.

A: No, OK (laugh).

T: No, like literally clean you mean...and of course all the dust everywhere, well, it's...and, em...you mean also hygiene? You mean that as well?

A: I mean, em, objects that could hurt children like...or animals, like, em...

T: (laugh) What animals did you, did you have to cope with?

A: (laugh).

T: What did you experience?

A: No...(laugh), em...anyway, I think you answered. Your, your...for you the cleanliness of the space was not an issue for the therapeutic aims...

T: No.

A: OK(laugh). And, em, did you have any difficulties with developing authenticity and creativity with the children? Em... like searching for creative, em...for creativity and authenticity...was this difficult for you?

T: Em...of every session, you mean? Authenticity with the children? I mean...em, 'cause I think that's, that's the main thing that to me is what you can get on this is, it's the feeling of authenticity through music by accepting \_\_\_\_ and meeting their play...

A: Hmm.

T: ...Em, wait, I need to put the charger...hold on...

A: OK.

(She leaves and comes back)

T: But, em, authenticity of each session, I mean, there needs to be some kind of, em, build up and structure to be able to be with one group eight times in a row to make them be motivated to come eight times in a row, for example.

A: Hmm. And...

T: There needs to be some kind of learning process or some... where they know that they're not only playing there but they're actually learning something, you know...like, yeah, they're working on something. It's...em, and that's was, I think, a thing that was missing, this inside of why we were playing music with them, not only just to have fun.

A: Hmm.

T: It's why they make it the seventh time they thought, "Well"...or maybe some, a few times in between "Well I'm not, I'm not feeling like playing again or having ...having a session again" And that's, in Holland...or, in maybe our ways we are more taught to make a *process* in, in these sessions and to at the second time, to think, sometimes, just to think "What are your goals?", "What do you want to learn here?" or...something... You know...You know what I mean? It's kind of missing. So authenticity...there's where you need an authentic session each time and that was *always* something to look for, for me, to stay creative with each group and to, to come up with something new and...

A: So, for you the difficulty was not authenticity and creativity in itself but, em, achieving like, a *process* with the group because of the other difficulties like time keeping and the group, the safety of the group. This, em interfered...

T: Yeah, and communication.

A: And communication, OK.

T: That lacks for explaining why we are there and why it's important to play and,em...there was definitely a process for, like, in the beginning often the children were timid and hesitant in their plays and they, they were, I noticed that a few children were experimenting through, em, like the third time or something, that they were, suddenly there were new behaviors and experimenting if that's possible...em...I don't know, *exploring*...\_\_\_\_\_, so that was a process. But to keep that for eight times (laugh)...that was, I don't know, because of the language lacking and the time management and... to

explain...or the process...em, that's why it was difficult to, to really make a process in eight times, you know?

A: Hmm. OK.

T: To keep on building.

A: Yes, hmm...em, during your work time at MPM did you experience moments of doubts regarding the professionalism of the music therapy practice? Did you think like "This is not *really* music therapy" or "I'm not *really* being a music therapist"?

T: (laugh). Em, well...all the time.

A: You felt that all the time?

T: Yeah. Because actually \_\_\_\_\_ so personal and, it's that, em... *when* is it music therapy and when is it just making music? Em...I mean, sometimes a session could escalate because the children around it were just going in and grabbing the, the sticks and running away, and the safety again...and ...the \_\_\_\_\_ was sometimes when I wondered "This is not how music therapy should be".

A: Hmm.

T: Because sometimes, you know, I, I really believe, I have a way of communicating through music with every child, so I am a music therapist when I play ...but (laugh) sometimes I was having so much fun myself and, you know, just, em, going into the songs and...em, that, em...yeah, that sometimes \_\_\_\_\_ I was wondering "Well, I don't know, that's not right. Even a music therapist can't have fun" (laugh).

A: (laugh).

T: But, em, sometimes it was just really having fun together. Yeah, and, but that's therapy for me too, definitely, to explore the play and, that's...yeah...maybe even the more fun...not that fun is the main \_\_\_\_\_ I definitely think there \_\_\_\_\_ music therapy should not be only fun, some sessions are just soft and quiet and, or maybe even sad and it should be like that, but ...many times it was also... fun (laugh)...I don't know, maybe because I don't...

A: So, when you had fun you had doubts that that was music therapy? Or, em, or in general you had doubts because of the verbal communication, *lacking* of verbal communication and, em, the privacy and safety we, you talked about?

T: Yeah, I think, I think those, and then again that's, that's for me, but when Betty is doing the therapy I, I wonder, because she had such a limited training, em... I wonder, well, we, that's why I never say she's a music therapist, she is trained in doing counseling with music, counseling to me sounds ...how do you

say that...less...

A: Lower level ...of professionalism.

T: Lower level, less professional, yeah.\_\_\_\_\_.

A: Would you say it's less deep?

T: Yeah.

A: Hmm.

T: Yea...Em...yeah, yeah and that's...yeah, I really had to also accept that...well, yeah, that's...is it then deeper or not I think you can go a little step further and a little deeper, *I* can go a little step deeper when I use the language and when I also have conversations...and that was lacking ...the, the language to go into something that just happened and to...not that I think that verbal evaluation is everything on the therapy, many things happen in the music, many processes are through playing, that's the beauty of the music, em, but then to realize that that process was taking place and to realize that something new \_\_\_\_\_or, I don't know, something that is happening, you need the language, *I* need the language.

A: Hmm.

T: So, in\_\_\_\_I do still\_\_\_\_ music\_\_\_\_but the language lacking, this keeping me from going a little bit deeper and then, the, the verbal interventions that Betty is not trained to, or maybe that's culturally different...also I think is lacking in going that step deeper from her ...in the, in the groups.

A: OK.

T: You know?

A: Hmm.

T: Yeah.

A: And, so the last question is,em, are you familiar with, with the, the Community Music Therapy field in Music Therapy? Do you know anything about Community Music Therapy?

T: No...I can, I can guess, but not necessarily, no.

A: No. In your, in your training you never learned about Community Music Therapy?

T: No. Actually, to be honest, em, my training was very limited.

A: Hmm.

T: Never studied Music Therapy in Amersfoort. Even though I studied\_\_\_\_\_ for four years, the most things I learned were through my internships and through my internships abroad with the European Association of Music Therapy Students.

A: Hmm.

T: I mean...yeah...em, what was the question again?

A: If you are familiar with...

T: Yeah, I did train, I did one training with the parents of the children of Prison Primary School...em...to me, well, Community Music Therapy...

A: No...yeah, there's a *field* in Music Therapy...like, I don't know, like, em, like em GIM, GIM? you know? It's the, the...when you receive...em, receptive methods, there are active methods...

T: Yeah.

A: And there's this *field* in Music Therapy which is relatively new, it's called Community Music Therapy, there's a whole, there are books...it's a theory, like and *approach* ...my question is are you familiar with this at all? Do you know anything about this? Have you heard about it?

T: No.

A: No. OK.

T: No. No. Well, if you want me to guess, well I maybe I heard\_\_\_\_, but, well if it's a system, music therapy way where you encourage the community all together, every, em, every part of the community to, to... to make music together...I don't know what it is, but I...no, but you should explain to me (laugh). I cannot Skype the whole evening, by the way, but I wanna learn so many things about you as well.

A: No, so we are finished. Thank you, I'm turning off...

**(7) *Transcription - Interview Nicky Haire***

A: So, em, first of all, could you tell me a little what made you decide to volunteer in MPM's music therapy program in Gulu? Why did you go there?

N: Yeah, sure, em...when I went there with Bethan it wasn't...I don't think she had a firm plan about what she was going to do...em, so, basically we'd both just qualified, we were in the same training course and, em, she needed someone to come with her for the first...let's say I was there for a month, so the first month just to help her with practical issues like, em, finding a place to stay, em, thinking about where she was going to work...so I just, I always wanted to go to Africa and, em, it was a perfect time for me, I'd just qualified so I didn't have a job, em...you know, so I went there kind of as a buddy to Bethan and just was...you know, to help her get started, help her get her ideas in order...

A: Hmm.

N: Yeah.

A: So she talked to you a little of her ideas to do this music therapy program there and you thought "Oh, OK, this...this is nice..."

N: Yeah, yeah I thought it was interesting, I'd always wanted to go to Africa and I thought it was a perfect kind of opportunity...you know you're so fresh when you just qualified and you're just full of ideas and ...em, energy...and, em...yeah, yeah, I was really excited about it.

A: OK. And, em, and how much time did you stay there for?

N: I was only there for a month. So, em, not very long at all...it was just...it really was, em...we were back and forth from Gulu to Kigali...em, or Kampala, sorry, sorry...

A: Hmm.

N: Quite a lot, just trying to find out...to find, em like buying a car, finding a place for Bethan to live, em, just making contact with various people in Gulu...em, yeah, so it wasn't long at all.

A: And how come it was only for a month? You...was this a personal, em, decision, you couldn't stay any longer, you didn't want to, or....?

N: Yeah, I had a job to come back to, em, so I didn't have time to stay any longer.

A: Hmm, OK.

N: Yeah.

A: So, could you describe what your role was here, in, in the time you stayed in Gulu, what was your

role?

N: Yeah, I think, I think it was just like I said, it was just sort of ,em...

A: Supporting...

N: Supporting Bethan, yeah, yeah...she was, you know, she could \_\_\_\_her ideas of me and, em...basically it meant that she wasn't on her own, she new she had someone else coming out...

A: Hmm.

N: ...Em, I can't remember if it was Jantina or ...I think it might have been...em...

A: Yeah, I think...

N: You know, she knew she didn't, she had the first couple of months or something on her own, so she didn't, she was uneasy about that, so she just needed someone to, em, to support her with, with...just with practical stuff, and just with...you know, it's quite nice to have someone to talk to if you're not exactly sure of what you're doing, so, em...I think it was a kind of a practical support mainly, that was my role.

A: OK, so you talked about practical issues like, em, like what kind of approaches would be helpful in this setting or...you talked about these kind of things?

N: We didn't really ...well, we didn't get that far, really, I mean ...we got, em, practical in sense like literally, like finding somewhere to live and, em, making contact with...she'd, she'd already made contact with S.O.S. Children's Villages so we were, we were running groups there, em...but, you know, she had more experience than I did of working ...em, in, in, eh Uganda, so...em, I think it was more...

A: So you were helping more with, like, where to live and...

T: Yeah, I think so.

A: Not so related to music therapy issues, more like practical personal issues.

N: Yeah, I'd say so, I mean we did, we did talk some, sometimes about group stuff and ideas and things, and since we'd both come from the same training, I, you know, our thoughts were fairly similar, but, I mean, I don't think I was ...yeah, it was probably more a general support.

A: OK. So did you meet any children? Did you actually do any music groups with the children there?

N: Yeah, yeah we did, we ran groups in the, em, in the S.O.S. Children's Village ...em...

A: Hmm.

N: I think...yeah, mainly teenagers I think if I remember rightly, it was quite a while ago,

A: (laugh).

N: em...but we did have, we did, we did do a session with the, em, the nursery class, but that was more

of a \_\_\_\_\_general music making session, em....

A: Hmm.

N: Yeah.

A: OK, and, em, could you describe in general terms the characteristics of the children? How were they? Were they, like, active or passive, or nice, or...em, aggressive...sort of? In general...like...

N: Em, in general mainly, yeah, mainly they were active, em, I think probably, em... the teenagers were slightly more reticent, you know, but, once they got to know us a bit I think they were more involved...em...em... I think it was that thing, that cultural thing of, you know, not wanting to do anything wrong, em...perhaps, in the sessions, so kind of holding back in that way, maybe, em....but in general they were, they were... the young ones certainly were full of life and energy and fun.

A: Hmm. OK, so they, they...when you saw them they, they enjoyed the session, they were like willing to come to the sessions and, em, participate.

N: Yeah, yeah, I would say so.

A: OK. Em, and what aspects of music therapy, like what approaches or activities or methods, do you think worked better for these children in, in, in this setting? Could you...do you remember anything you thought "Oh, this really works here"?

N: ...I'm trying to think back to what we actually did (laugh).

A: Yes, em...I know it might be difficult because it's been a long time now ...just, em, I'm trying to...em, what I would like to know is if you thought there was anything particular that you thought "This really works here because"...em, any kind of activity or approach or, or...

N: To be honest I think, I think probably Bethan is the one to ask about this...I just...

A: You don't recall...

N: I don't remember so well, but, and I don't think I had time really to formulate, you know, an approach ...I think we just were, we were doing our best with...we didn't have very many instruments, em...and, basically like using, using structured activities like...em, taking turns to play a drum or something, and...but, yeah, you'd probably get a lot more from, from Bethan or Jantina, em...about the actual work.

A: OK. Em, and do you remember anything that you thought "OK, this doesn't work", "This is not ...em, a good idea to do here", like any activity or any approach ...or any method that you thought "This...", or you felt, "This doesn't work here".

N: Em...I, I don't think so...



A: Hmm.

N: Em...I don't think so, and I didn't, I didn't make, you know, I didn't make lot's of notes 'cause I wasn't there for so long...em...I don't think so.

A: Hmm, you don't think of anything, like...

N: Nothing, nothing comes...nothing comes to my mind.

A: Nothing comes, OK, that's OK. Em, and during the time that you were there did you feel that your pre-understandings were being challenged, you know, all this training that you, that you had, when you went to Gulu do you remember any situation where you thought "Em, this is not was I was trained for", or "This...this, em, is a challenge to my way of understanding what a music therapy approach would be".

N: I, I don't think so with relation to music therapy, but, I think in terms of sort of cross-cultural...em, experience...I think that was a big consideration for me, em...you know, being from a totally different culture, em, I just felt that I didn't really know ...or couldn't comprehend, em, what some of the children had been through, so I it was more issues and questions like that, em...em, rather, rather than\_\_\_\_\_ sort of direct music therapy, em...

A: Hmm. So you don't think there's a relationship between, em, the music therapy and...em, I mean...em, when you, when you talk I feel like you're saying that, OK, you had personal cross-cultural shock but not in the therapy, in the therapy setting...is this correct?

N: Yeah, I think that's probably right, I think ...I mean, I think ...my experience as a music and music therapy are fairly broad, and I kind of feel it's just...everyone is a human being, but it was just, it was more, em...perhaps just feeling that "how could I know", so, em, I mean obviously that's gonna be...that's gonna come out in, in whatever you're doing, "how can I know what you've been through", perhaps that's the same, you can say that in this country as well, but....em, yeah.

A: Hmm. OK, em...and did you experience any difficulty with, with privacy in the sessions?

N: Yeah (laugh)...but that, I mean, in a way that's related to this cross-cultural thing, because, em, you know, on the course it's...you talk about boundaries and respecting this private space and things and, em, then suddenly you're in a, in a country that, that's not really, that's completely the opposite maybe, em, and we did have, yeah, we had people watching and children trying to get in...there wasn't really anywhere that wasn't closed...

A: Hmm.

N:...you know, we were running the groups in tents that had gaps at the bottom, you know, em, so

people could see you and....em....yeah, sure ...

A: So, yeah, you recall that there was no privacy ...as, as we understand it...

N: Yeah, yeah...but then I always felt that it wasn't...that was their way, you know, so...

A: Hmm.

N: It's ore of a case of us having to adapt and find a way of working, you know, that would suite them rather than imposing our reason... you know.

A: Hmm. And did you experience difficulties with keeping time in the sessions? Like, em, did you say "OK, we will have a session at eleven o'clock" and it never happened to start at eleven or have a, a...a time.

N: Yeah, I think...I mean, I can't remember a precise, I can't remember exactly examples ...em, of that, but I'm pretty sure that there probably, the time was slightly more elastic, em, in, in many ways, you know...

A: Hmm.

N: Em...yeah, I couldn't give you any examples, but I think probably that's true (laugh).

A: Hmm, OK (laugh). Em, and did you feel, did you experience difficulties with maintaining a clean and safe therapeutic space?

N: Em...

A: Do you recall this as a difficulty?

N: I don't recall it being a huge issue...

A: Hmm.

N: Em...em...yeah, it was probably more, more a case of just, em, finding out what a therapeutic space was and, kind of, em, if you like the \_\_\_\_\_is on the next level, so how to find a place to do it and then, em...so I don't,I don't remember thinking about that.

A: So you...because you didn't have an actual space.

N: Pretty much, yeah.

A: Where did you do the sessions? Do you remember that?

N: Yeah, I think ...mostly in these sort of, these kind of tents...with *Coke*.

A: Hmm...OK. And the, em, tents changed from one place to another? Or, I mean, was it always the same tent?

N: I think it was always the same tent, yeah...

A: And this was inside the S.O.S. Village...

N: Yeah...

A: Inside, OK.

N: I mean it was very, you know it wasn't... it was adequate, em, and, you know it was just a concrete floor and, em, with with sort of...**chambers** \_\_\_\_\_**surface**, yeah.

A: OK. Em, and did you experience any difficulties with developing authenticity and creativity with the children?

N: Em...for myself or for, with...?

A: The question is kind of, em, did you experience any difficulties trying to develop creativity with the children?

N: OK. Em... I'm not sure, I'm not sure I was there long enough...probably, not really, you know, they weren't...em...em...

A: Yeah, I guess this question is, em, if you weren't there for, em... do you remember how many sessions you did with the children? 'Cause...if you were only for two weeks maybe you only did two sessions?

N: Yeah, I didn't do many, em...'cause, 'cause we weren't, we didn't, we sort of got to Kampala, went to Gulu, back to Kampala, went to Gulu, so we were back and forth, so...em...but I'm not sure, I'm not sure how many I did...probably, I don't know, maybe two weeks, maybe each or something...

A: Hmm.

N: Sorry.

A: But not with the same groups?

N: No, no, not with the same groups, no. Em...I think, I mean, generally the children were quite shy, em, quiet...but, em, happy, happy to be creative once they realized they weren't going to be told off, you know?

A: Hmm.

N: OK (laugh)...I'm sorry, I can't see you, the video stopped...you, you can see me?

N: Yeah, you're all right. Have I stopped?

A: Yeah, it's OK (laugh).

N: (laugh).

A: Em, did you experience any moments of doubts regarding the professionalism of this music therapy practice? At any moment did you think "Uh,uh, this is not music therapy", "I am not being a music therapist right now".

N: No, no...

A: No.

N: No, I don't think so.

A: OK: And the last question is, are you familiar with a relatively new field in the music therapy discipline which is called "Community Music Therapy"?

N: Em...yes, I know the term, I know the term...I don't know, I haven't ...I haven't read a lot about it, but I do...

A: Hmm, you've heard about it.

N: Yeah, I do what I would call ...I go to some care homes and I play with residents and...yeah, it's kind of like a social singing group so...em...I kind of understand that to be, em, Community Music Therapy, but I find it \_\_\_\_\_

A: Hmm. Yeah, what, what do you think this is or what do you know about this? Could you say something? Not, I mean, just what you think this is about, or what you've heard...

N: Em...I don't know, it seems to be there are many cross-overs, aren't there? Em...

A: Excuse me? Many?

N: Many cross-overs...perhaps between, say, a musician going into a hospital or a music therapist ...or somebody who calls himself a community musician, I think there lot's of links and lot of similarities, but, em Community Music Therapy is perhaps something, I don't know, less, less boundaried, less, em...

A: With less boundaries, you mean like less specific, maybe? Is this correct?

N: Em, yeah, maybe, I mean...I think it can mean different things for different people, you know ...

A: Hmm.

N: I think, I work in a special school and I'm a music therapist in that special school but, then, when I go to the care homes I feel like, em, a musician, more like a musician, so, perhaps... of course I have a training and everything and that, well, influences how I run the groups but...em...

A: Hmm.

N: Yeah.

A: Ok, and, em, with this idea of Community Music Therapy...em, do you think this approach would be appropriate for a music therapy practices like MPM's in Gulu...like, unconventional music therapy practices?

N: Yeah, that's interesting...I, I sort of ...I think I misheard you before 'cause I thought you said

"Community Music", but you said "Community Music Therapy"....

A: Yes, Community Music Therapy

N: So, that's quite different...yeah, OK. Em...and I haven't actually heard that term, Community Music Therapy.

A: Oh, you haven't.

N: No, I haven't.

A: Hmm, you were, you were thinking about Community Music.

N: Yeah, yeah.

A: OK.

N: But that's an interesting thought, Community Music Therapy, I'm not sure what it means, em...does it, does it mean kind of...em...em...

A: Em, no, it's OK...em, I mean the question was if you were familiar with this, with this field in the music therapy...it's called, it's a, it's a new...it's not that new but, I mean, it's a relatively new ...really not much known, it's called Community Music Therapy...it's an approach, it's a field and it's an area of practice, more or less...

N: OK.

A: ...and, em, you are not familiar with it, right?

N: No, I never heard it, but it's a really interesting thought...because it makes me think of, em...adapting or working with the community to kind of make your own music therapy...I don't know...does that make sense?

A: Yeah.

N: Which I think, yeah, that...I think that, I think that could really...that could fit in places like Gulu...yeah...because you....yeah.

A: OK, I'm turning the recorder off now.